Executive Committee
Thursday August 23, 2012
2:00pm – Department of Administration
Meeting Minutes

Attendees: Lt. Governor Elizabeth Roberts, Health Insurance Commissioner Chris Koller, Governor's Policy Director Kelly Mahoney, Director of Administration Richard Licht

Absent: Secretary of Health and Human Services Steven Costantino

I. Call to Order – Lt. Governor Roberts called the meeting to order at 2:00pm. She advised that in order to get through the meeting materials intended for today, we would get underway, while still awaiting some additional Exec Comm. Members

II. Presentations – Dan Meuse, Office of the Lt. governor: Lead for the day introducing fellow staffers to present on various topics. (All slides available online and by request)

   a. Jennifer Wood, Office of the Lt. Governor: Update on Currentcare and the Health Information Exchange. No questions posed to Ms. Wood at this time.
   b. Kim Paull, Office of the Health Insurance Commissioner: Health Care Planning & Accountability Advisory Council.
      i. Lt. Governor Roberts: Is this for in patient capacity only?
         1. Kim Paull: It is mostly in-patient but we did have some outpatient in that study.
         2. Lt. Governor Roberts: Okay. Also, during this past year, there was discussion of some other assessments done around Primary Care?
         3. Kim Paull: The update was actually funded with $150K grant for last year and $150K grant for this year, so we can have both going forward. In November we plan on having out discussion around the impact of primary care infrastructure on hospital demand.
   c. Mike Dexter, Department of Health: Hospital Conversion Act 2012 Amendment. No questions posed to Mr. Dexter at this time.
   d. Kim Paul, OHIC: All Payer Claims Database (APCD) Update.
      i. Lt. Governor Roberts: Second and Third paragraph on slide 3 of APCD, those are all long-term contracts, right?
         1. Kim Paull: Yes.
      ii. Lt. Governor Roberts: Who is the data review committee?
         1. Lindsay McAllister: It is an eleven member review committee that would consist of members from the carrier community, providers, health, OHIC a data security expert, hospitals, HHS etc.

        2. Kim Paull: Important that it is not just private.
    iii. Commissioner Koller: I want to acknowledge the work for the Lt. Governor's office, especially Lindsay on these regulations, as well as the APCD leader Tricia Leddy.

e. Elena Nicolella, State Director of Medicare and Medicaid, EOHHS: Aging and Disability Resource Center Gran Proposal.
    i. Commissioner Koller: Does the move from a division to EOHHS reflect the other DEA outreach programs?
        1. Elena Nicolella: The idea in the Part A grant is that we would take functions that occur in EOHHS that could be defined as ADRC functions. Information and referral, case management, options counseling, all of that occurs but in BHDDH, in Department of Health etc. We want to maintain those activities where they are successful and effective, and coordinate them. If a family is receiving options counseling from Dept. of Health, but also need help for the grandmother, then we want the options counselor to know the answers to the questions about the grandmother as well.
    ii. Commissioner Koller: Is there any tie in here to UHIP and single portal enrollment?
        1. Elena Nicolella: In our grant we said if they give us the money we would look at tying it to that operation. We have cleared this with the UHIP management team.
    iii. Lt. Governor Roberts: Will it be only when folks use a public paid system they would have access to this?
        1. Elena Nicolella: No, we envision it as… a family has access to options counseling, and we would have you in the system regardless if you are eligible for Medicare or Medicaid. You are in our system based on the first contact with us.

f. Elaina Goldstein, University of Rhode Island, on Living Rite, One of the recipients of the CMMI Innovation Grant.
    i. Lt. Governor Roberts: Is there a technology component besides telemedicine?
        1. Elaina Goldstein: That is a concern. We are working to perhaps contract with the same group that does the Medical Records. We are speaking to the Quality Institute as we proceed forward.
    ii. Kelly Mahoney: You said you received half the amount of the grant – what is the time period?
        1. Elaina Goldstein: Three years.
    iii. Lt. Governor Roberts: Which agencies are you working with initially?
        1. Elaina Goldstein: Coming up with a readiness survey of the original six sites to see how many they can do,

looking at Alzheimer's agencies and Developmental Disability services (DD). Just about finished with the survey at this time and we will have at that information soon.

iv. Commissioner Koller: And the flow of funds is from URI out to these Living Rite centers?
    1. Elaina Goldstein: Yes.

v. Lt. Governor Roberts: Are you basically going to be enrolling patients in this at this point, and therefore will be able to look at the primary care physician, see what their care points are?
    1. Elaina Goldstein: Yes. Supposedly there are few physicians in the state that deal with the DD population. They have to be dually eligible, have to have two or more chronic conditions.

vi. Lt. Governor: Are you officially started?
    1. Elaina Goldstein: Slowly, a lot is tricky due to the summer months. The planning phase is underway. I have consultants we are working with. Working to get contracts through. That said we do have about another week before the operational plan review, so by Sept 10 we then can start to fund the actual sites to start to do what the sites need to do. Right now just using the funds for operational planning.

g. Elena Nicolella, EOHHS: Integration of Care and Financing for Medicaid-Only and Medicare and Medicaid Eligible.

i. Lt. Governor Roberts: Is there federal approval for this approach?
    1. Elena Nicolella: We have been in conversations with the feds about this approach. We believe we do have the statutory authority to move this forward. We are not going to integrate folks with Medicaid funded behavioral health services until 2014, and Medicare funded services as part of the model. We are working closely with Director Stenning, so it is done in a careful way, and is respectful to recipients as well as providers.

ii. Commissioner Koller: Not sure if the contract is the place to start, but wanted to see if perhaps there is an opportunity for interagency collaboration. Just as we have disability comply with purchasing rules, for examples, there may be similar ways to bring them all together.

iii. Director Licht: Where is the money, where is the financial incentive where is the reallocation between the nursing home and the hospital and that kind of thing?
    1. Elena Nicolella: There is the 2013 answer where we believe managed care is an effective financial management tool. For example, looking at the way we

fund durable medical equipment. Not clear that the way the state currently pays for durable medical equipment is the most cost effective. If we move it to another area with a larger population, there may be more cost savings. This is only an example, not trying to make DME providers nervous here. The Medicare saving through the hospital coordination efforts, if it results in x dollars of savings, they will give us half. We are working with the budget office to get estimates.

iv. Lt. Governor Roberts: So when you look at projecting what those will be, there are ways to look at the past to see what the patterns have been?
    1. Elena Nicolella: Yes, and CMS has been very careful to be sure states have access to that information. They are very clear to show what the state would pay and what they would pay.

v. Lt. Governor Roberts: Health homes initiative that we currently have, is there any overlap here?
    1. Elena Nicolella: Yes – that will affect the health home model that the behavioral health and hospitals are pursing. It is funded with a 90% federal match. That match ends in 2013. This is why we have said to Director Stenning that we do want him to continue that health home model, but then talk about how the care initiative can help the groups continue to meet the goals without that federal match. What the experience teaches us through the health homes will be integrated in the 2014.

h. Kim Paull, OHIC: Hospital Contracting Conditions Changes.

i. Kelly Mahoney: These are conditions on one side of the contract negotiation. How do you convince those sitting on the other side to accept these conditions?
    1. Kim Paull: It is a condition on the hospital not the insurance, yes so you are right, it is a bit tricky. There is only so much we can do to hope the providers abide by these regulations. What we can do is rate review, which allows for a pressure from above that this is all part of it.

III. Public Comment – No comment put forth at this time.

IV. Adjourn