

Health Benefits Exchange Board Meeting
January 10, 2012
Meeting Minutes
1:00pm – RI Foundation

Attendees: Director of Health Michael Fine, Health Insurance Commissioner Christopher Koller, Secretary of Health and Human Services Steven Costantino, Director of the Administration Richard Licht, Chair Meg Curran, Vice-Chair Don Nokes, Mike Gerhardt,

- I. Call to Order – Meg Curran called the meeting to order at 1:00pm.
 - a. Chair Curran noted that the first item on the agenda is strategic discussion. She noted that one of the aspects to the request for vision and mission is that on the Board, we have individuals who have different backgrounds to bring forward towards the Exchange.
- II. Meeting Minutes approved from the last sessions
- III. Introduction of Discussion Today – Meg Curran
 - a. Some of the other components of the Commission have been working diligently at coming up with a vision, mission, principles and goals. The staff has reached out to the Work Groups and the Expert Advisory Committee prior to coming forward with a draft today. The point is to generate a view for mission, vision – how the exchange fits within the state health reform environment. Today we continue this discussion, and it may be that members of the Board do not believe there is an ability to have a meaningful discussion on these issues in 90 minutes. One thing to consider is perhaps having a more extended meeting to really get in-depth on these issues. Posit to the members if there would be benefit to the members to have a type of mini retreat.
 - b. For future meetings, the chair invited the Board members to suggest agenda items that they feel would lend to an in-depth discussion of crafting a sustainable Exchange.
 - c. Opened the floor for discussion of the draft mission/vision/goals statements presented here.
- IV. Discussion:
 - a. Mike Gerhardt noted that he believed in the past few meetings have been working in the weeds, and it is now important that we are stepping back and figuring out the general structure within which to work.
 - i. Meg noted that she agrees that there hasn't been an overall look at the schedule.
 - ii. Mike noted that if it were a quasi public structure then a mission would be more clear and concrete
 - b. Steven Costantino – in the executive order there is a purpose, and the discussion is of a mission. Are these two different things, are they intended to be the same concepts? As read the mission it seems in the weeds, and as read the purpose of the executive order, it seems much

more broad. Wondering how that broad purpose transpired into a very specific mission. Believe that the mission presented here seems like the action plan to achieve the mission.

- i. Meg inquired if the mission is overall for the exchange, or if the question is more a mission of the Board. What we are seeing here is the fact that those having conversation at much deeper, weedier level have had input to this.
- c. Christopher Koller: The Exchange Board was put together to comply with the application, and indeed it was done quickly. Secondly, the crafting of the mission/vision statements etc. does come out of stakeholder members, staff members, various groups. There is frequently a request for a context. Largely it is staff-driven, and because the staff and stakeholders are really entrenched, then a mission statement that has emerged does indeed become “weedy.” Thus if the Board input is that it is too specific, then it is good stuff to walk back with. What drives the mission of the Exchange is not just the Executive Order, but also the guidance given from the Governor in the Health Reform Commission, and the federal guidelines. On the Executive Order – that was designed to work with the 1970s legislation to be able to move forward.
 - i. Secretary Costantino – in the legislation that did not pass, was the implied mission that specific or was the purpose statement from the legislation? Concern that as we move forward, do not want to over-step any parameters of authorization with levels of specificity.
 1. Jennifer Wood – the Executive Order was provided here for assistance to demonstrate that we certainly are within parameters of authorization to craft a mission plan. Now, what level of specificity should the mission reside at, how in depth, etc. is for today’s discussion.
- d. Richard Licht: Agree with the Chair that we all come to this with different levels of involvement, and different backgrounds. Do take issue with the concept that it was hastily done. Believe it was not – it was modeled after a law drafted going back several years. There were numerous meetings just this year to discuss how we wanted this Board to go forward. My experience has lent me to not being a big fan of mission/vision statements, as over time it does fall back. Yet the process to adopt one is beneficial so the group knows what in general it is working towards and the principles that make up this body.
- e. Chris Koller: Something to discuss today to the Secretary’s point is how specific we should be. I will advocate for something more specific – ultimately it will be used to explain ourselves to other stakeholders and moving forward.
- f. Mike Gerhardt: Perhaps get more specific in goals and principles, but a bit broader in the mission and vision.

- g. Linda Katz: Would hope that can discuss this document today. Have been at the meetings where these were first proposed and discussed, and believe it would be interesting to see what the starting position was, and see after stakeholder input where the mission arrived at now. As to the Exchange and what we are, I believe that from the ACA, there is a core mission: to provide a place where people can come forward and purchase insurance in an easy to use portal. In the stakeholder discussions, we did hear that the Exchange has a role to align what it functionally does with the state's health care reform intentions. Having a larger context is important, as we move forward and try to define the smaller pieces that make up the Exchange, will have something to go back to. What would be helpful going forward is to have more information about the Exchange development and work plan. Knowing the decisions that the Exchange Board will need to have input on, and having those in a work plan would be very helpful. Have so much input and transparency, that it almost becomes opaque. We all keep doing the best to demonstrate who said what, and where each change came from.
- h. Dr. McKnight: If RI is moving forward with healthcare reform separate from the exchange, we need to know more about where it's going and what it is hoping to achieve before we can determine a solid role for the exchange. Also, there were some notes within the proposed draft mission/vision goals that I did not anticipate this board covering – is this board going to discuss payment reform? If so need more information about our charge.
 - i. Meg Curran: Important to note is that these documents are in flux.
- i. Dr. Fine: My own bias in reading both is that the original starting-point mission is one I am more comfortable with. Feel the proposed one makes some assumptions about cost containment and the ability to leverage the exchange, which are more speculative from a public policy perspective. Concern now is getting an exchange up and running.
 - i. Jennifer Wood: On the side by side, such a broad input on what an exchange should do. You will see on the right side of the page an amalgam from a variety of perspectives that do not all agree with one another.
- j. Don Nokes: That last point discussing cost containment did that come from the Executive Order? Jennifer Wood responded that, yes, on page five of the Executive Order, paragraph eleven. Don replied that the difficulty of having a mission statement too specific is that one doesn't want to limit the group. A mission can be adjusted and flex over time as different variables affect work – if it is too specific, then it may limit that flexibility.
- k. Secretary Costantino: Believe that it is wrong to having “how to do things” in a mission statement. If look at the second paragraph of the

proposed mission on the slides, the “if eligible....” Strongly believe that should be further down in goals or principles or an action plan, but not in a mission statement.

- l. Richard Licht: Even the first sentence in the proposed draft – can someone point to where the state has adopted a vision of health reform? It seems the only way that the state can have health reform is to act through a legislature, how can we say what the “state’s vision” for health reform is – don’t believe the state has visions. I find even the first sentence is unsettling.
- m. Michael Fine: One wants to parse the difference between insurance reform and delivery system reform. One piece to remember is that most people in the world of public health believe that improvements in public health are related to medical services, with the rest believing it is through lifestyle and outside forces.
- n. Christopher Koller: It would be useful to get an opinion from the board about the what, not the how. It is important, may not want to cram everything into this box.
- o. Don Nokes: Sounds like there are some offending lines, would it be beneficial to wordsmith this here?
 - i. Secretary Costantino: Can the staff come back to this Board with the incorporations of today’s discussion?
 1. Jennifer Wood: That is certainly our intention.
 2. Meg Curran: This is just the beginning of our discussion. And my understanding is the other groups are still within the discussion phase, is that correct?
 3. Jennifer Wood: Yes that is correct. After the meeting of the work group and the Expert Advisory Committee we walked back, incorporated the conversations, and then proceeded forward. Our intention is to go another round with this, and align with a work plan. Ultimately will need some decisions on what is the appropriate mission of the Exchange given some of the broader roles of the administration.
- p. Linda Katz: Want to go back to the second paragraph of the mission, the exchange will be a place people can buy insurance, but it will also be a place for one stop shopping. Trying to separate out whether paragraph two is too specific, or it is a concern that part of the mission of the exchange would be a place where individuals can get tax credits, or eligibility requirements.
 - i. Steven Costantino: Haven’t yet decided that if it should be in there – that’s why concerned about having the flexibility within a mission. As one restricts a mission, one restricts one’s options.
 - ii. Richard Licht: If enrolled in individual commercial insurance, doesn’t that include, to an extent, eligible credits and subsidies

- what I am hearing is that may be contemplated in the long-term role.
- iii. Linda Katz: It seems to be the underlying decision of how the exchange will function. The second function of the exchange is to be the place people can get premium tax credits for insurance –the exchange also needs to be sure it works in concert with people receiving Medicaid. The state can make a decision whether there will be one portal on where to apply for coverage – had thought that decision was made, but sounds like it has not been made.
 - iv. Steven Costantino: I still believe it is too specific even if there had been agreement. Just believe the mission is a guiding principle for the Exchange, and then next steps get increasingly more specific.
 - v. Meg Curran: Do you see the mission statement ultimately adopted could just include that which would be in concordance with legislation?
 - vi. Steven Costantino: I am not sure legislation would even include any of the specific notions covered here. What if the mission of this Exchange ends up conflicting with the mission of OHHS?
 - 1. Jennifer Wood: A reminder that we are requesting that this board deliberate on a mission statement for the Exchange, which will be run by a department within the Governor’s office.
 - q. Chris Koller: Understand that the Secretary does not want a mission that is too prescriptive, but I also do not want a mission that is too vague. What is the Exchange’s role in making the system more affordable, what is the exchange’s role in cost containment? Can the exchange lead to behavioral change in the system? Is it enough for the exchange to be a portal, or should it work to shape the system?
 - i. Michael Fine: My sense was that we should first get the exchange up and running, and then determine if it can be used to achieve greater goals.
 - r. Michael Gerhardt: Then it is in the verbs, isn’t it – the exchange “will be,” “Shall promote.” Another question that I have is that there isn’t really a mission for this Board, per say. Are we the authority that makes the decision that moves it on to the Governor, have a lot of moving pieces, but sooner or later someone must say this is the document, all in favor say Aye, and then do we give it to the Governor?
 - i. Jennifer Wood: On the decision tree, the Board is Advisory and makes recommendations to the Executive Committee of the RI Healthcare Reform Commission. Once the mission, vision and goals are in the form of a recommendation, then they will be brought forward to the Executive Committee. They will then be reviewed, and from there a recommendation will be fed up to the Governor’s office.

- ii. Tim Melia: Where is the point where we draw the line in the sand that we say we need to have this, so what is the deadline?
 - 1. Jennifer Wood: Some may say we should have already had this, thus it is important to discuss quickly and move forward. The other group has a timeline to meet and discuss before we next return to the Board.
 - 2. Meg Curran: Is it your expectation that the next meeting is the last time each group will be reviewing it, thus the next time the Board meets.
- s. Dr. McKnight: The word affordability did not make it into the mission statement, curious how that was left out.
 - i. Chris Koller: Cost, quality and access are aspirations for the state, and then the exchange is an instrument for whatever population utilizing it. I believe the mission assumes affordability.
 - ii. Pam McKnight: Is assuming these things best, even through it is clearly expressed in the Executive Order?
- t. Mike Gerhardt: Is it a health experience or a purchasing experience?
- u. Linda Katz: It seems improved health and health experiences with access to affordable coverage being one way to achieve that. That is why this vision statement is not just an exchange vision statement, because it is not just about being able to compare insurance products and being able to compare costs, the exchange has some role in helping to achieve health reform.
- v. Jennifer Wood: Hope to explain the input from stakeholder group: Physicians mainly from the Expert Advisory Committee say its important to not lose sight of the main goal of getting the population towards better health overall, improving quality of years, not just quantity. There was strong push back that said do not lose sight of that main prize – improve population health. From there, a vigorous discussion took place stating that there was hubris involved if one thinks that a health benefits exchange is going to do all that, is going to improve population health. The exchange mission thus needs to line up with other state initiatives. All of the discussions last week then ended up concluding that the vision is bigger than the mission: vision of better health, better way to get healthy, and cost (quality, cost and outcome). Now this group can say this is not the triumvirate, the exchange should not contribute towards that- and that's fine, but need to dictate to the staff what you believe the exchange should do.
- w. Mike Gerhardt: Can it be stated in the vision that the exchange can support this health reform vision? Provide qualifiers to demonstrate that it is one small piece of a larger pie.
- x. Richard Licht: The mission only states that we would support the state vision, or the vision. Yet thirteen months ago, the then RI Governor would have said this is not the vision, and this would not be clear. That doesn't mean we cannot adopt this vision, yet all did say

in the mission was support the state vision. Jenn Wood noted the director is correct and the wording around the “state” vision will be reconsidered. Director Licht then followed up that there is no mention of the ACA, and wondered if it might be important to include at least a reference to the creating law.

- y. Chris Koller: The interesting point to consider of the mission of the exchange and as it relates to quality or cost, is do we intend to speak for the state? I do believe it might be helpful to know how we want to craft that statement – may be helpful to be describing the scope of the dreams and then describing how instrumental the exchange would be towards achieving them. A mission statement that isn’t too much on the how, yet in line with the ACA, and dictates how the exchange assists with the more inspirational intentions of reform.
- z. Meg Curran: That creates a path for how to move forward today - what conversation do we want to have going forward.
 - i. Chris Koller: At least review what we have been talking about.
- aa. Steven Costantino: Believe the first paragraph is good, do not like the term actors, but do believe the exchange needs to be one of many tools.
- bb. Jennifer Wood: Requested that the board look at the Public Input that was emailed following the sessions from last week. On this document, the second bullet suggests that the exchange “supports.” Would hope that the board would look at this document, review what has been proposed here, and in the supporting documents also passed out, then review and consider if it works back to the idea of a general purpose with aspiring intentions.
 - i. Linda Katz: That would seem to capture the discussion.
- cc. Meg Curran: Believe that where we are now is that the staff will put together all of the ideas generated here and then will review again at the next meeting.
- dd. Mike Gerhardt: The idea of an extended meeting, or mini retreat was raised - would that be the next meeting time?
 - i. Meg Curran: Would members of the Board be in favor of a longer scheduled meeting?
 1. Multiple members noted that dependent on the agenda, and the constraints of scheduling it could be worthwhile.
- ee. Mike Gerhardt: How does the staff envision moving forward?
 - i. Jennifer Wood: Will review all conversation captured here for the group, then put back as a straw man for the stakeholder groups and return from there.
- ff. Steven Costantino: Would request that as developing these, also look at the overall vision of all departments of OHHS. They have statutory authority in a lot of the areas that we are discussing here. Have to recall that there is a lot of sensitivity to some of the issues that may be overlapping – be cautious of the implications from there.

- V. Public Comment
 - a. Richard Langseth: Been developing health exchanges in RI for a long time. Years ago, self-funded programs through Blue Cross. The individuals who take a BCBS card to a physician's office expect it to work. They expect a full comprehensive coverage and expect to take advantage of full use. They expect this exchange to be a full insurer for all of their needs – the most complicated part was quality of care. Important part of this exchange – it cannot be just an organization that meets just federal requirements, need a card that works in physician's office. And to think that we can have a conversation in this room without cost containment is unbelievable, but also concerned that it doesn't cover all Rhode Island. Need both a general mission and a broad mission – similar to a constitution and a bill of rights. Changing the way America lives, and need to recall that.
 - b. Steve DeToy: Health benefit exchange is not meant to be the cure all for all the problems for health reform in RI. Would like to see it undertake its core work of getting a portal up and running sufficiently, and then proceed to adjust from there.
- VI. Adjourn – The meeting adjourned at 2:40pm