

RI Health Benefits Exchange Advisory Board
Meeting Minutes
March 26, 2013
DOA Conference Room B

Attendees: Chair Meg Curran, Vice-Chair Geoff Grove, Commissioner Koller, Mike Gerhardt, Amy Zimmerman, Peter Howland, Margaret Holland McDuff

Excused: Director Licht, Linda Katz, Marta Martinez, Dwight McMillan

- I. **Call to Order:** Chair Meg Curran called the meeting to order.
- II. **Meeting Minutes:** The Chair invited any amendments or questions regarding the meeting minutes from the last Advisory Board meeting. As no amendments were offered, a motion was introduced to approve the minutes. The motion was adopted and the minutes approved.
- III. **Follow-up items from previous meeting – Amy Black, the Exchange**
 - a. Research results and research instruments will be included in Dropbox
 - b. As requested, the latest enrollment target will be provided in April.
 - c. As the Secretary noted last meeting, the report to the GA on BHP and other options for the population between 138 and 200%FPL has now been released. There will be a presentation at the Health Care Reform Commission Executive Committee meeting on April 18th, 2pm.
- IV. **Director's Report – Director Christine Ferguson**
 - a. **Carrier Negotiations – Sam Salganik, the Exchange**
 - i. Dental Update: The Director noted that the recently released dental recommendations are compliant with federal regulations and that this seemed to be the best solution for everyone. Follow-up discussion can happen at next month's Board meeting, if needed.
 - ii. Memo from Expert Advisory Committee
The Expert Advisory Committee submitted a memo to the board providing their input into the design of innovative products. Following a lively discussion, the Director noted that the ACA provides a unique opportunity for innovation because the Exchange will have full employee choice where people will be able to make their own decisions. Medicine has changed structurally and real integration is much more prevalent among providers. Technology has improved so that practitioners can look at a patient holistically. In combination with new dollars and federal support money for things like contact center – there's an opportunity to do something no one plan can do. If carriers know that productivity is a measure, we'll see innovative plans.

The Exchange is optimistic about payment reform and this will be an ongoing, collaborative and more long-term effort.

b. Board update:

- i. **The Experts Advisory Committee unanimously adopted a resolution recommending to the Exchange Advisory Board that it consider adding a “promotion of health” concept to the Exchange mission statement.**
 1. Vice-Chair Grove submitted a letter to all of the Board in response to that recommendation from the Expert committee
 2. This discussion will be held for the April Board Meeting
- ii. The Director announced that Tim Melia is no longer able to serve on the Board and graciously thanked him for his willingness to serve on the Board and his commitment to the Exchange.

b. **Staffing Update, Deb Jacobson, Exchange Staff**

- i. Ms. Jacobson announced two new members of the senior staff: Meetesh Kumar, Chief Financial Officer and Ian Lang, Associate Director of Marketing and Communications

c. **Communications and Marketing**

- i. In March, the Exchange provided a Research Briefing to the Advisory Board and other community members, summarizing the first phase of Exchange research. The documents released at the briefing are available on the Exchange web-site www.exchange.ri.gov. The second phase of research will be completed in April, with a report and Board Briefing to be set in May.

The comprehensive communications plan for the Exchange is in draft form and in the process of being shared with key stakeholders for input. Exchange staff will work collaboratively across agencies and with the communications workgroup of the health care reform commission, to develop and implement the outreach and communications plan.

The Director discussed four key themes that emerged from the latest focus groups:

- There is strong interest among consumers and small employers to use the Exchange.
- Motivations for consumers include:
 - All plans will cover doctor visits, hospitalizations, prescriptions;
 - Ability to find plans that fit budget;
 - Easy to use and side-by-side comparisons.
- Motivations for small employers:
 - Tax credits/ability to find less expensive plans;
 - High quality plans;

While members liked the basic design of option number 1, the majority of Board members supported design concept two for its more commercial and personal feel. Several key points resulted from a detailed discussion, summarized below.

Assistance and accessibility

The website will be launched initially (in the summer) in English and Spanish, with plans to add Portuguese by October. Downloadable materials will be available in multiple languages. For other language access, there will be an option to be directed to the language line for further assistance. The Exchange is still working on additional language accessibility options. The website is designed with individuals, regardless of income, in mind.

Board members asked several questions regarding the design of the website, including a mapping option to find providers, basic insurance information, and a glossary of terms. All of these options will be available, although some features will be built in gradually.

The exchange recognizes the importance of a “Help” feature and resource materials that are accurate and that are consistent with information from partner agencies. There will be basic information and definitions regarding insurance and an ability to reach out and ask for help. Based on consumer and Board input, how to obtain and questions about insurance coverage will be highlighted on the website.

Consumers will be able to browse anonymously and make side-by-side comparisons of plans. Not all functionality will appear on October 1st but the Exchange will keep on rolling out features as they become available the October launch.

The Exchange website will be responsive design for computer, tablet, and phone. The eligibility portion is not a responsive design because it is not likely to be done on the phone (although current functionality allows it to be accessed on a mobile device). Several Board members noted that they liked design concept two because it was friendlier for tablet users and presents the Exchange as more than just a health insurance site.

These concept sites will not be tested through focus groups but the exchange will continue to solicit feedback including from the Exchange Expert Advisory Committee.

VI. Public Comment

The Chair asked for public comment, hearing none the meeting was adjourned.