



Department of Administration, Conference Room A
One Capitol Hill, Providence
1:00 pm – 2:30 pm
December 17, 2013
Meeting Minutes

Attendees: Christine Ferguson, HSRI Director; Geoff Grove, Vice Chair; Amy Zimmerman; Peter Howland; Linda Katz, Margaret Holland McDuff

Excused: Meg Curran, Chair, Steven Costantino; Mike Gerhardt; Kathleen Hittner; Richard Licht; Dwight McMillan; Patrick Quinn

I. Call to Order

Geoff Grove, Vice Chair, called the meeting to order and moved to approve the minutes from the November 19, 2013 Exchange Advisory Board Meeting. The minutes are approved.

II. Updates and Follow-up Items

A. Rlte Care Parents Transition

- a. The decision was made to auto-enroll every Rlte Care parent in Neighborhood Health Plan's existing "Neighborhood Value" plan
- b. Premium is based on a presumed income level at the higher end of the poverty level; the state will pay the premium for the first month
- c. Parents were given the option to opt out; approximately 100 opted out
- d. Individuals will have the opportunity to switch plans or drop coverage in January and must complete an application and verify information (including proof of identity and income)
- e. Marketing and outreach to these individuals is critical and underway (ongoing).
 - i. Notices are going out and follow up phone calls are being made by Neighborhood Health Plan and the contact center
 - ii. Craig O'Connor of Neighborhood Health Plan of Rhode Island was in attendance and confirmed that NHPRI is working with Marti Rosenberg and her team to

distribute letters and make phone calls to all of the auto-enrollees; coordination meetings are planned

- f. Enrollees will have (60 days) to complete their application and pay
- g. HSRI is working on tracking these parents through the system and will work with them to overcome technical difficulties and obstacles to enrollment

B. Deadline Extension

- a. Director Ferguson announced that the enrollment deadline was extended from December 23rd to December 31st. Coverage will be effective January 1st and payment must be received by January 6th.

C. Demographic Data: October – November

- a. Enrollments data broken out by age, gender, plan level and issuer was presented
- b. Director Ferguson noted that the data does not reflect the increases in enrollment in the first two weeks of December and noted that call and walk in volumes continue to increase, reaching unprecedented levels in the first two weeks of December
 - i. Suggestion was made to invite Meg Ivatts to attend a future board meeting to comment on the situation at the contact center and potential strategies for mitigating heavy volumes
- c. Director Ferguson also noted that while the demographic breakouts do not contradict expectations, there is not yet enough data to draw any conclusions; at least 6 months of data will be required to begin any thorough analysis
- d. As the data becomes available, the board requested additional analyses (i.e., previously uninsured and plan metal levels by age, comparison of the demographic breakdown of enrollees to the uninsured)

III. HSRI Moving Forward: Structural and Financial Options Discussion

A. Structural Options

- a. Director Ferguson reviewed structural arrangements by state; most are quasi-public with different proposals for financing (i.e., user fees)
- b. In 2010, legislation establishing the Exchange as a quasi-public was passed by the RI Senate, but not the House, resulting in establishment by Executive Order
 - i. The board requested to review the legislation and other background materials in order to gain a more thorough understanding of the details of this type of structure

- B. Funding Options: Overview (refer to Board retreat minutes, 12.9.13)**
- a. Federal funding
 - i. Federal dollars will be available through the end of the 2014 calendar year; this will provide for the first 6 months of state fiscal year 2015; another funding strategy will need to be determined for the second half of state fiscal year 2015
 - ii. Director Ferguson raised the possibility of extending federal funding through the second half of fiscal year 2015 due to the negative effect of the federal roll out on the state's success; the budget will include the extension of the grants, but would have to be approved by the President
 - iii. Additional federal funds may be available to support operations
 - b. User Fee
 - i. This would be a charge a fee on top of the premium for anyone who uses the Exchange
 - ii. Director Ferguson noted that this is equivalent to having to pay in order to access a federal tax credit
 - c. Premium Assessment
 - i. A premium assessment excludes the self-insured
 - ii. Insurers are increasingly offering products that allow small businesses to self-insure (typical structure: self-insurance, plus minimally regulated re-insurance, plus deductibles and copays)
 - iii. Concern that a premium assessment could cause more people to self-insure, ultimately resulting in a reduction in the regulated population
 - d. Claims Tax
 - i. Hospital and physician community has not responded enthusiastically to a claims tax
 - ii. Would entail administrative challenges
 - iii. Decision to include or exclude Medicare/ Medicaid would have to be made
 - e. Public/Private Partnerships
 - i. RI has fostered a collaborative environment where the leaders and insurers are able to work together
 - ii. Focus on small business means there are private entities that are interested in establishing a partnership
 - 1. For example, a partnership around data could be established with the RI Quality Institute
 - iii. From a health care delivery system and product development perspective, RI is a unique laboratory environment

- iv. Grants originating out of the ACA could allow RI to connect with other efforts and organizations and should be pursued
- v. Partnerships with Sharecare, WebMD and other like organizations to be explored
- f. Next Steps
 - i. Board to review structural options and make recommendations; numerous discussions over the course of the legislative session will be needed
 - ii. Members would like to look at the various structures through the lens of what HSRI is trying to achieve long term
 - iii. Additional materials needed
 - 1. 2010 quasi public legislation
 - 2. Additional information on structural options and financing proposals by state
 - a. Sustainability budget per capita and per uninsured for each state desired in order to make state-to-state comparison more understandable
 - b. Director Ferguson noted that every state has a different set of goals they are interested in achieving and different populations they are trying to reach; this needs to be considered alongside funding
 - 3. Minutes from Expert Advisory Committee 12/10 discussion with recommendations
 - 4. Minutes from initial structural options discussions

IV. Public Comment

Geoff Grove asked for public comment, hearing none, the meeting was adjourned.