Expert Advisory Committee – Health Benefits Exchange
Health Centric Advisors
235 Promenade St., Providence
Meeting Minutes
March 12, 2013
8:00am – 9:30am

I. Welcome and Introductions

a. Attendees: Jim Borah, Bill Delmage, Elaine Jones, Mark Kerin, Beth Lange, Cecelia Pelkey, Jay Raiola, Kathryn Shanley, Don Wineberg

II. Strategic Planning

Amy Black and Don Wineberg reviewed the draft mission of the Committee based on the Strategic Plan of the Exchange (Access at: http://www.gov.ri.gov/documents/healthcare/interest/RI%20Health%20Benefits%20Exchange%20Strategic%20Plan.pdf)

Members of the Committee noted, however that the mission of the Board does not accurately reflect the long-term vision and goals as outlined in the Strategic Plan.

Thus, the 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.

Members also agreed that the mission of the Expert Committee should be to serve as technical advisors and support to the Exchange Advisory Board and help guide the implementation of the Health Benefits Exchange as outlined in the *Advisory Board Strategic Plan (2012 – 2015)*.

III. Plan Design: Sam Salganik and John Cucco, the Exchange

Mr. Salganik explained that the Exchange has embarked on a collaborative process with carriers in designing what will be sold "in the store" that is the Exchange. The Director and Exchange staff have been meeting with carriers on a group basis at a staff level for technical issues, senior management level for strategy, and between the Director and CEOs for big strategic issues. That process is near its final stages.

OHIC rate submissions are due April 15 which means carriers have to indicate which plans they want to be certified as Qualified Health Plans (QHPs) to be sold on the Exchange. The goal of the one-on-one conversations with the carriers is that the submissions will be well-rounded.

Input from the Board (e.g., employee choice model) and focus groups (e.g., "tiered" networks) have helped inform these conversations.

As indicated to the Board in previous meetings, Director Ferguson is committed to having innovative plan designs. While some states have standardized benefits designs, the Exchange would like to partner with carriers to make changes for better care in the long-term. Moreover, from this perspective, health plans could be vehicles through which we can encourage quality, while decreasing, or at least better controlling, cost.

To date, while the Exchange has advocated for "innovation," we have not defined what this means for the carriers, and have rather charged the carriers with the development of innovative plans.

Committee members discussed the definition of "innovation." There was general agreement that transparency of data is a useful goal – including cost of care (what payers pay, cost of providing procedures) as well as cost to the customer, and what the plans actually covers. In the end, the Committee supported pursuing transparency as long as there was great sensitivity to ensuring that transparency was employed to promote the Exchange's overall Mission and not just cost control.

There was a consensus that consumers need to be more engaged in the cost consequences of the decisions they make with respect to both health insurance coverage and health care delivery.

Providers on the committee noted that while Rhode Island is moving in the right direction, the state should continue to support access to comprehensive primary care (including hearing, dental, vision care for kids, vaccination for adults) and ensure that bundled payments accurately reflect the cost of providing such care. The co-payment structure for consumers should continue to reward the utilization of a patient-centered medical home.

Following a lively debate, the Committee voiced some concern regarding high performing tiered networks and noted a desire to develop networks based on outcomes, not just cost or market power.

In addition to transparency of cost and quality, all members agreed that consumers should know before choosing if their provider(s) are in the plans network, regardless of plan design.

IV. Public Comment

The Chair asked if there was any public comment, hearing none the meeting was adjourned.