Expert Advisory Committee
Healthcentric Advisors
235 Promenade Street, 5th Floor
Providence, RI
January 14, 2014
8:00am – 9:30am
Meeting Minutes

Attendees: Monica Neronha, Elaine Jones, Jay Raiola, Paula Rossi, Sam Salganik, Edward Wing, Joan Kwiatkowski, Jessica Mulligan, Beth Lange, Craig O'Connor, Ted Almon, Paul Block, Bill Delmage, Cecelia Pelkey

I. Welcome and Introductions

Amy Black, HSRI staff, calls the meeting to order and Expert Advisory Committee members introduce themselves.

II. Measuring our Success: Review of Evaluation Baseline Report

Introduction

Deb Faulkner, Faulkner Consulting Group, HSRI Data and Analytics Team

Ms. Faulkner provided an overview of the metrics HSRI will use to monitor short and long-term measures of success.

a. Short Term Focus: Operational metrics
    i. Example Metrics: Percent of accounts creating an application, initiated applications completed
    ii. Careful monitoring of operational metrics to inform daily conversations with technology vendors, federal partners and contact center (managing staffing relative to volumes)
    iii. Operational metrics will be highest HSRI priority through March 2014
b. Longer Term Focus: Leading Indicators
    i. Indicator 2 (Achieving near universal coverage) is the most immediately measurable
        1. % of RI uninsured enrolled tracked on a weekly, if not daily, basis
    ii. Indicator 3 (Favorably impact health insurance costs)
        1. Innovative plan selection
        2. Employer Contribution Model Selection: Over half of employers currently enrolled have selected full employee choice

c. Short term measures allow us to be cautiously optimistic about approaching the longer term indicators we have discussed and defined
d. Discussion Questions for the Committee
    i. Are there metrics that should be included that are not currently?
    ii. What metrics should be taken out if there are new priorities?
    iii. What other data sources might be available?

Baseline Evaluation Report Overview
Lynda Green and Ben Stewart, Friedman Healthcare

Evaluation Plan: Measuring HSRI Success and Effectiveness

a. Two Sets of Available Data:
    i. Presently available, benchmarks
    ii. Exchange Performance data
b. Discussion Questions for the Committee
    i. Is there a better way to collect this data?
    ii. How should measures, data collection processes, and credible analysis be developed?

c. Overview of Selected Slides
    i. Goal 1: Improve the health and productivity of Rhode Islanders
        1. Self-Reported "Good" or "Excellent" Health Among Rhode Island Adults; sets a baseline for the self-assessment of the overall health of the state (BRFSS)
        2. Employer Workforce Productivity measure needed
    ii. Goal 2: Achieve near universal coverage
        1. Leading Indicator: Total Enrollment Through the Exchange (currently captured)
        2. Fully Insured Plan Enrollment Declines: market has moved towards self-insured and individual groups; sets a baseline to monitor the overall change in health insurance status
        3. Total RI Commercial Market Covered Lives: source: OHIC; release schedule needs confirmation
        4. Enrollment as a % of RI uninsured is not demonstrable of achieving near universal coverage without data on enrollees previous insurance status
            a. Reporting limitation: previous coverage status application question altered to agree with eligibility rules; data not currently available
            b. Possibility for data sharing with carriers for reconciliation purposes and proxy previously uninsured?

5. Health Insurance Coverage by Age
    a. Expect an increase in the up to 25 age range for kids remaining on a parent's plan
    b. Expectation for "young invincibles" to wait until the end of open enrollment; will track to understand by month trending

Committee questions and comments:

6. Can enrollment by age be tracked and tied to changes in table rates? How will composite rates affect enrollment in the younger age brackets? Do younger people choose to drop out and pay a fee? How is enrollment affected by rate increases for the young and healthy (many will be eligible for tax credits)?
7. Need to define the level of integration between Medicaid and Exchange in evaluation plan (and note, where applicable, if Medicaid is included or not.
8. "Achieve near universal coverage" slides do not include Medicaid enrollments, though enrollments through the Medicaid expansion are a significant part of achieving this goal from the perspective of the ACA; is there an integrated evaluation plan on the state level?
9. *Staff responded to the comment regarding Medicaid metrics:* Understanding that the goals of the ACA could not be achieved without an integrated approach, evaluation plan attempts to assess Exchange specific goals to the extent there must be a plan to evaluate Exchange success

10. Trends in insurance coverage (slide 21): Part time workers
    a. Exchange should have an influence in terms of part time workers eligible for tax credits
    b. ACS data shows part time coverage is declining 2008-2011
    c. **Committee question:** Can part time applicants be distinguished by type of coverage (i.e., Medicaid, Exchange with or without tax credit, employer coverage)?

iii. Goal 3: Favorably impact health insurance costs

1. Average RI Individual Premiums increase slower than national rate
2. Refer to Health Affairs for additional data
3. **Comment:** Goal Three Longer Term Metrics: Number or percentage of Advanced Premium Tax Credit or Cost Sharing Reduction (federal tax credits) received is a

difficult measure as it is outside of the control of the Exchange and will depend on how federal government policy changes play out (budgetary decision)

4. Rhode Islanders Unable to See Doctor Due to Cost: BRFSS 2011 and 2012 data will be available soon for update

iv. *Goal 4: Favorably impact HC delivery system Access, Effectiveness and Efficiency*

1. Needs more granularity

Committee members offered the following suggestions:

a. Is there data on perceptions of the cost and value of care that could be used to give context?
b. Necessary to distinguish access to specialists vs. free wellness visits (BRFSS primary care question should be added for context)

2. HSRI will have an opportunity to add questions to the BRFSS (i.e., Workforce productivity measure, see table)

v. *Goal 5: Add Value to Employer Health Insurance Purchasing*

1. Need to consider size of business
2. Small group premium growth slows 2011-2013

III. Public Comment

Amy Black, HSRI staff, asked if there was any public comment. Hearing none, the meeting was adjourned.

IV. Appendix: Expert Advisory Committee Feedback and Follow Ups by Defined Measure (detail)

	Slide Ref #	Measure	Comments/ Follow Up
Goal 1: Improve Health and Productivity		Employer Workforce Productivity	-Priority indicator for HSRI -Need to link back to health coverage types and levels (Do certain plan types cause people to work more and be out less?) -Gross measure: GDP divided by workforce hours -Activity based costing: break operations into individual functions and measure the cost of those functions -Wellness literature
Goal 2: Achieve Near Universal Coverage	19	Fully Insured	-Confirm OHIC Enrollment Report release schedule
	19	Economic Conditions	-Unemployment rate proposed as proxy -Needed insofar as economic conditions are a major influence on employer decision making

		Previously Uninsured	-Data is not available through application -Needed to put enrollment in context for demonstration of goal -Can question be built into application? -Can carriers provide this data? -APCD can supply data about prior enrollment status
		Medicaid Expansion	-Need to define the level of integration of Medicaid data in evaluation -Suggestion that goal depends on and includes people eligible through Medicaid expansion and people "discovered" Medicaid eligible through UHIP (ie. Not previously aware of eligibility status) -Is there going to be an integrated evaluation of the ACA developed? -Where applicable, slides should note if Medicaid is included or not
	20	Health Insurance Coverage by Age	-Data needed to track the effect of rate changes -How will the introduction of composite rates effect enrollment in younger age brackets? -APCD can supply data regarding whether an individual age 19-25 is enrolled as an individual or as a dependent
	21	Part Time Workers	-Track changes in part time workers enrolled against baseline as Exchange success measure -Determine program breakout (enrolled in Medicaid, enrolled with tax credit, enrolled through an employer) -Full time/part time/ unemployed should be a separate slide
Goal 3: Favorably impact health insurance cost trends	23	Number/ % Recipients APTC/CSR	-Measure is useful in the short term but may change based on federal gov't policy/funding
	24	Health Care Spending	-Health Affairs has recent data (national)
	36	Rhode Islanders unable to see doctor due to cost	-Data with more granularity desired -Perception of cost and value is a subcurrent not reflected in data -Wellness visit vs. access to specialists should be broken out -BRFSS access to primary care data could be added -Any information on how people value health insurance available?
Goal 4: Favorably Impact Health Care Delivery System		Measures of Health	-Health status: blood pressure, obesity metrics etc. -HEDIS and BRFSS data useful
Goal 5: Add Value to Employer Purchasing		Small Group Enrollment	-Want to consider employer size -State-to-state comparison with MA for effect of employer mandate on small business enrollment
General		Summary	-Key Takeaways slide or summary that represents the overall picture needed