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Expert Advisory Committee

HealthSource RI
33 Broad Street, 2nd floor
Providence, RI
June 10, 2014
8:00am – 9:30am

Meeting Minutes

Attendees: Ted Almon , Beth Lange, MD, Sam Salganik, Don Wineberg, Ed Wing, MD and Director Christine Ferguson

Staff: Amy Black, Lindsay Lang, Marti Rosenberg

The meeting opened at 8:15 a.m. [Order of meeting topics was shifted to accommodate late arrival of individuals making certain reports]

1) **New Rate Filings**

Sarah Nguyen with the Office of the Health Insurance Commissioner (OHIC) opened the meeting with an overview of the rates and forms submitted by health insurance carriers to the Commissioner's office to date as part of the rate review process.

There are now three insurance carriers in the individual market – Blue Cross Blue Shield of Rhode Island, Neighborhood Health Care of Rhode Island, and UnitedHealthcare – up from two last year (Blue Cross and Neighborhood). This is a major improvement for individual choice for Rhode Islanders. There are four carriers in the commercial market – the three listed above, plus Tufts Health Plan.

Nguyen presented details on the rates proposed by the carriers. Specific, updated information can be found here, on the OHIC website: http://www.ohic.ri.gov/2014%20Rate%20Factor%20Review.php

There are more plan designs than there were last year.

Nguyen further noted that OHIC would take public testimony in a Public Input Meeting on June 17, and that comments were welcome through June 24.

Marti Rosenberg then drew members' attention to the rate sheets that HealthSource RI (HSRI) has used to educate individuals and small employers about the costs of different plans during the past year, focusing on a section of the document that covers "how you get your care." Rosenberg noted HSRI's desire to expand this section to provide consumers with additional information about new innovative plans, including networks of care that could save consumers money.

2) **Operations Update:** ***Special Enrollment Periods***

Marti Rosenberg explained that in the post-open enrollment period, HSRI continues to enroll certain Rhode Islanders in plans through special enrollment periods. She distributed a fact sheet describing the different life changes that individuals might experience that could qualify them for a special enrollment period, as well as the outreach that HSRI is doing to individuals who may fall into these categories. For example, those moving into Rhode Island and those losing access to a spouse's health care because of divorce may qualify for a special enrollment period; therefore, HSRI is reaching out to realtors and divorce mediators to ensure that these professionals are aware of HSRI as a resource for their clients.

Grace Periods

Director Christine Ferguson then focused on grace periods and retention. She noted that it wasn't just chasing "bad debt," when people do not pay their bills, but using data to find people who are at risk for not paying.

She discussed the importance of educating HealthSource RI customers about how to use insurance and the importance of retaining health insurance so it is there for them when they need it. She also touched on an issue important to the provider community: the grace period created in the Affordable Care Act. The grace period is 30 days (during this period, if consumers don't make a payment, they remain insured). From day 31 to day 90, consumers who have not paid do not have coverage, but they are not terminated (their coverage picks back up if they pay what they owe). It is important that providers check to see if their patients are within that 31-90 day period, because if so, they can let them know that they won't be covered for that visit.

Dr. Elizabeth Lange pointed out that for a planned healthy visit, this can work, but for a sick visit, the patient can be protected by the EMTALA law, which ensures that patients have to be seen by an emergency department even if they don't have insurance. It was noted that this problem has existed for a long time – and that at least the ACA has led to additional coverage, ensuring that more patients have insurance.

The committee also discussed the number of people who purchased higher-deductible plans through HSRI. There was some concern about the potential inability of providers to collect those premiums – but HSRI staff clarified that many of the people who bought plans that looked like high-deductible plans actually received additional cost-sharing reductions from the ACA that brought their deductibles down to $100 or $250 a year.

Director Ferguson then discussed some the ways that HSRI has been working on looking at costs, including working with the carriers on plan design and delivery system models, including both experimental and traditional options. In addition, the contact center can be used even more as an educational tool to help people understand deductibles and co-payments, and how to use them effectively. Consumer education allows people to understand the challenges with cost shifting and how they can use some tracking tools to help with their deductibles. (One member noted how important it would be to focus on tools with mobile phones.)

Ted Almon made the point that his company, Claflin, used London Health as a third-party administrator to collect the deductibles from Claflin to cover his employees. This is inherently less efficient, because the provider has to submit the claim twice – and there ought to be a better way to do this.

SHOP

HSRI is highlighting SHOP and seeing numbers increase in continuous enrollment. At the end of May, 218 employers had paid. HSRI continues to reach out to employers who have chosen a plan, but not paid.

January and March were peak months for enrollment, and April saw high payment numbers.

Seventy-six percent of all enrolled employees enrolled in Full Employee Choice (FEC). About half chose the reference plan selected by their employer. Twenty percent of the employees "bought up" to a more expensive, more generous plan and 13% "bought down" to a less expensive, less generous plan. This counters the assumption that people will only buy down..

Current SHOP enrollment covers more than 1,000 lives. HSRI continues to see a bump in those numbers, as well as in the numbers of paying businesses.

Ferguson and the committee discussed the SHOP plans, including how the FEC model is really a way for large or small businesses to stay in the business of providing health care in a predictable way.

Committee members were interested in why businesses might have chosen single plans instead of FEC. While staff is researching this, anecdotal reports suggest that some business owners initially felt there would be too many choices for their employees, but have suggested that they would choose differently next year.

Members also asked about the Small Business Tax Credit. HSRI does not track that specifically, because the organization does not have access to much of the criteria used to calculate the Small Business Tax Credit.

4) Director's Update: Legislative Review

Staff passed out fact sheets that HSRI provided to the legislature, and encouraged members to share the information. Ferguson also noted that staff welcomes suggestions on messaging, and encouraged people to get in touch with HSRI's Public Information Officer, Dara Chadwick.

Ferguson also noted that HSRI had gone through three weeks of working closely with new leadership in the House on the question of whether to send HSRI to the federal government. Ferguson recounted her testimony before the House Finance Committee, where she presented different funding options for HSRI and detailed one scenario with the potential cost (approximately a 1.9% claims assessment from everyone in the individual and small group markets) of moving the exchange to the federal government.

The major discussion points with the legislature were these: It is not "free" to move HSRI to the federal government, as some have suggested, and if we are to pay comparable costs in Rhode Island as we would with a federal exchange, maintaining a state-based exchange allows Rhode Island to keep control of decisions that are being made. In addition, HSRI's contact center provides strong local customer service – a level of service that is not assured with a move to the federal government.

It was noted that the state budget as passed by the House did not include language about sending HSRI to the federal government. Ferguson said she would continue to monitor this closely.

The committee discussed legislative activity, and Ferguson noted that HSRI staff were grateful for the public communications and statements of support from members of the Expert Advisory Committee.

Adjournment

Meeting adjourned at approximately 9:30 am.