

RI Health Reform Commission
Exchange Work Group
Meeting Minutes
Wednesday January 4, 2012

Attendees: *Al Charbonneau, Dawn Wardyga, Linda Katz, Fox Wetle, Shawn Donahue, Monica Neronha, Rachele Dunning, Brian Jordan, Matt Caimano, Chris Kent, Susan Yolen, Amy Black, Ted Almon, Tom Dwyer, Jay Raiola, Don Nokes, Mike Gerhardt, Rebecca Kislak, Kathryn Shanley, Elaina Goldstein, Rebecca Martish, Mike Sligar, Craig O'Connor, Susan Roberts, Richard Ohnmacht, Marie Ganim, Angela Sherwin, Deb Faulkner, John Cucco, Lindsay McAllister, Terrie Martiesian, Kate Brock, Deanna Casey, Delores Issler, Susan Rodriguez, Ed Cooney, Stacy Paterno*

- I. Call to Order: Dan Meuse called the meeting to order at 8:30am. Advised the hope is to bring the comments and discussion from today's meeting to the Exchange Board and the Executive Committee. Mr. Meuse advised would use today's discussion to loop back to what the
- II. Presentation:[http://www.healthcare.ri.gov/documents/01_04_12%20Exchange%20Presentation.pdf]
 - Commissioner Koller, Jennifer Wood, Dan Meuse
 - a. Commissioner Koller noted that mission statement discussions are difficult. Yet today's discussion is hoping to look at the identity of the Exchange. Seek to find out what we the people of this work group think this should be. Try to focus a picture of how the exchange may help improve RI healthcare system. This discussion will start to develop consensus of what all this is – in the context of feedback from these past few months.
 - b. Dan Meuse continued with the presentation.
 - c. Glossary slide – Mission, talking specifically about the exchange; guiding principles – the “organization” noted here is the exchange.
 - d. Draft Vision – took the triple aim and put it into a RI context in a sense – not unique to the exchange, argue work at Department of Health, work at Office of the Health Insurance Commissioner (OHIC) looks to this.
 - e. A note was made that the Governor has appointed a screening committee for the Exchange Director, the posting is out, and it is open until filled.
 - f. Fox Wetle: Don't see anything related to access in the vision as phrased on the slide – it might be prudent to have access in that note. Perhaps it is embraced in more people having better health, but feel it needs to be underscored in some way.
 - g. Dawn Wardyga: is the term “all”, is that assumed in Rhode Islanders or is that something worth stating?
 - h. Environmental Factors – what are the likely scenarios for our work, for the exchange? The 44K number on the slide is the number of

people between those percentages without access to employer-based coverage.

- i. Draft Mission – Where and how the exchange is going to play is around employee choice and new options for financing; not going to make a priority out of making new plans, new products. By implication this is not placing a priority on a single large purchaser purchasing for all entities.
 - i. Dawn Wardyga: Regarding the last paragraph, an employer today and say for the sake of argument they have one insurance plan. How does that change? Commissioner Koller responded that will be discussed on future slides.
 - j. Guiding principles.
 - k. Exchange Policy Goals – drawing distinctions between policy goals and operational goals. Drive health care delivery system improvement – and drive is a loose verb there; the state already has the ability to drive some improvement, the goal of the exchange should be coordinating those existing efforts.
- III. Jennifer Wood – Walk Back through Presentation – Commence Discussion
- a. Overview: The intention here is to go back to the beginning and talk about why we are doing this today. Focused on the fact that in October 2013, there needs to be something that people can sign up for and in the following year have coverage. This presentation is a straw man – something to take aim at and poke full of holes. The goals, the vision, support, attack, rework and capture all of that. There will be operational and policy implications of these words. Once we have the goals, then can go through weeds, but wait and see if it will work to achieve these goals. Today is a first crack at that.
 - b. Vision, discussion:
 - i. Craig O’Connor: Trying to connect the goals back up to the vision statement, including the words all Rhode Islanders, and access and coverage. The phrase “achieve near universal coverage” demands that. The other goal of driving delivery system improvement doesn’t seem to be reflected in the vision and that would be a helpful thing to ensure the goals and vision align. Also the enhanced and coordinated health care experience does get there, but not sure if believe it may be more aggressive than that.
 - ii. Dawn Wardyga: Regarding the goals – why are we promoting “near universal” coverage vs. “universal” coverage? Understand that is easier to achieve, but truly an ultimate goal?
 - iii. Jennifer Wood responded: The federal law doesn’t give us the tools for universal coverage as it has carve-outs, though the states can attempt to expand coverage beyond those carve-outs; for those on the team working on this, don’t want to set up to fail, as universal is a very difficult thing to achieve, but it is a valid point.

- iv. Deloris Issler: When we say all Rhode Islanders we know very well that not all Rhode Islanders are legal citizens, we know that the federal mandate says that you have to be a citizen - there was a discussion over the summer of how to use the federal system to check on status to access the exchange. Feel that saying "all-Rhode Islanders" is too broad and inaccurate. Perhaps say all qualifying Rhode Islanders, or some type of clarification.
- v. Ted Almon: the issue is are we going doing to pay for it, are we going to take care of people. The issue is that unless going to repeal EMTALA, how are you going to take care of these people?
- vi. Linda Katz: We may have a vision for a state where all Rhode Islanders achieve better health, but this vision is about what the Exchange can do – what the *Exchange* can do, not in terms of what RI wants for health reform. This discussion is through the Exchange, how Rhode Islanders can access insurance.
- vii. Amy Black: In order to do that, as part of the vision of Health Care Reform, say something to the effect of Rhode Islanders, through the Exchange....
- viii. Elena Goldstein: Believe it is important to somewhere input a phrase about doing no harm, to ensure we do not go backwards – with the regulations from CMS regarding the eligibility issue, there is a huge hole for people with disabilities who are over 133%FPL and who are on Medicaid – many of those people would end up with lesser coverage, the coverage for people with disabilities is gaping.
- ix. Stacey Paterno: This seems like a two-layer vision, one for health reform, and then one for the exchange.
- c. Jennifer: On the mission – is there something missing from the proverbial thirty thousand foot level? The first sentence is a bit of a bridge between guiding principles and the definition of what the exchange is. There is some leeway, but this is how we framed it.
 - i. Dawn Wardyga: the language in the second sentence – think that in terms of how we word it, need to word it with Medicaid following the payer of last resort. Medicaid is a back up, but feel it is important how you say it, and how people look at it.
 - ii. Dan Meuse responded that his only pushback is that one is not eligible for a subsidy program if eligible for Medicaid; can actually enroll in three things, subsidized individual market, non subsidized individual market, and Medicaid. Jennifer did agree that it was important point to address the order of events.
 - iii. Commissioner Koller then interjected that how we address these options is important for what the role is for financing the exchange, and how and where the state is on the hook for

financing, how do we divide between Medicaid, who are the Rhode Islanders, how big is that gap, keep coming back to the issue;

- iv. Linda Katz: Find out about options, can enroll in different options, or qualify for Medicaid, etc.
- v. Susan Roberts: I believe that somewhere there should be language about administrative simplicity. Jennifer Wood stated that in fact we have been trying to drill down on simplicity for quite some time, and agree this is an important point. The more complex we make it, the less fiscally prudent
- vi. Stacy Paterno: the second sentence of the mission does have to talk about that - Medicaid should be the last point; Jennifer expressed her understanding that there is a lot of traffic around the order of operations, and the staff intends to parse that, and then bring it back. What is the flow of this, where do people pick up coverage and what order.
- vii. Elaina Goldstein: believes it goes back to the eligibility issue – the way the ACA works is if eligible you are in, if not, okay then what are you eligible for, Medicaid etc?
- viii. Rachelle Dunning: administrative concerns as well, as currently how the system works there is no explanation at the moment of decision for what each of the programs are, what the options are, education, therefore feel should underscore that simplicity is key
- ix. Linda Katz: Consider including something to speak to options in terms of benefits and cost, the tiers.
- x. Elaina Goldstein: will there be a goal for the employers who have an impact on the benefit design – right now there are employers who like to create programs for their employees – will that be a consideration? Jennifer Wood noted that the staff has acknowledged that there is a desire for there to be plans around cost, or around benefit design that work around wellness and thus increasing employee productivity.
 1. Chris Koller continued that an implication of virtually any strategy of small businesses is going to be less opportunity for employer customization – the exchange cannot fulfill that, we’re looking at a small set of benefit options, with a range, if an employer wants to have a wellness program, or something not in the basic insurance, then that is an additional purchase.
- xi. Stacey Paterno – Prevention and wellness, wouldn’t we want to have some options for prevention and wellness – believe employers use as part of a toolbox; if employers let go of that, won’t we lose some of the wellness programs that have started to improve how people take care of themselves.

- xii. Jay Raiola – Working towards wellness, companies continue to sign up, do need to give the employer that option. What we have to keep in mind is sometimes what we predict is going to happen doesn't happen, yet do believe will have an economic expansion over the next couple of years and employer groups will offer wellness programs, valuable employee packages – they want those tools to ensure that their employees are healthy and productive – believe the key in the mission statement is a dependable option. Perhaps a year or two in the exchange, there can be plans that design around that.
- xiii. Rachele Dunning: wellness programs don't just impact your health insurance programs – they affect absenteeism, and family care, attendance etc. Jennifer Wood: Driven to an operating principle of flexibility – not sure can look into a crystal ball today and know what employers want years down the line. There is surveying to be done here.
- xiv. Ted Almon: most people in my position (business), the health benefits piece is a small part of the puzzle; these vision and mission statements need to be vague and lame to be able to be broad as we move forward. These statements do need to be like this, so we can move forward in public policy.
 - 1. Dan Meuse noted that this last phrase of the mission, that is one way of defining innovation strategies for an employer's role; we are pushing the boundaries. Something essentially new – what employees to have coverage, but don't have the time to look through three or four different options; or to have the choice to say, I want a role in employees health as it affects my budget, and it would be a disservice to the exchange to limit the choices to a small continuum. Over the next few months, still let it grow – the mission doesn't say we cannot, it is designed to be there to move forward in different lanes.
- xv. Jim Borah: A couple points regarding the defined contribution model, it is important to remember that there are two markets, but for those that want to have a defined contribution model there is a market, and then those who want to HRA model, there is a market outside the exchange. Employers as opposed to small employers.
- xvi. Jennifer Wood noted that further down the road, looking back on this, we want to make sure that we are abiding by our guiding principle of flexibility. Chris Koller concurs and notes Jim made a solid point – also, by saying employers meaning small *or* large; this proposed statement says “an” option not “the” option.

d. Guiding Principles:

- i. Dan reiterated that there has already been a call for simplicity to be included in the principles.
- ii. Susan Rodriguez: what about speaking to best practices – in that if have the small employers at the start and want to in the future look at mid size or large employers, believe the expectation from employers would be doing that work, seeing innovations, and ensure have the expertise in the exchange to see those innovations through.
 - 1. Jennifer Wood: When it comes to the exchange, we presume a certain amount of vetting will be done before plans can get there.
- iii. Dawn Wardyga: Inclusive – that could mean populations, that could mean employers, it could mean many things.
- iv. Ted Almon – where does coordinated health plan come in? It may be necessary to say the when and what the nexus is for coordinated health planning.
 - 1. Jennifer Wood: In the “barn door” of alignment with other state initiatives. We will capture this and give some thought.
 - 2. Chris Koller: Coordinated health planning in government right now resides in Dept of Health – small effort chaired by Sec of OHHS and HIC.
- v. Linda Katz: Struggling with the exchange as a market, or the idea of the exchange as a goal of coverage.
 - 1. Jennifer Wood: Agree the goals are a very important list. Linda Katz: Then believe that a policy goal should be improving the health of enrollees. The exchange in what it does should be thinking about how to improve population health.
- vi. Kathryn Shanley: Thinking about how to improve population health, that is a goal that relies so much on individual behavior seems too lofty a goal – cannot make people behave in a certain way, or adopt healthy lifestyles. Setting it up as a goal is tough...
- vii. Amy Black: still going back to that disconnect of the vision, it seems like a double vision. Role of the exchange as a purchaser, and what it can do around delivering care to people.
- viii. Linda Johnson: Concerned about not being realistic about being able to meet some of these goals. Would setting a timeline be a consideration to ponder what do you do first, then what are you doing later. Without setting priorities I feel we cannot answer the design question.
- ix. Fox Wetle: Looking at the third bullet on exchange policy goals slide, one other thing it may be able to do is driving improvement on the benefits coverage. Feel this is where we may have the opportunity to impact change, in addition to

being sure that people are covered. Improve the benefit structure so that there is more health promotion, or prevention as opposed to just treatment.

- x. Stacy Paterno – do not know if “drive” is the right word – think about the verbs “affect, drive.” Drive seems inaccurate, maybe it is “affect.” By the time the exchange is there, should be there.
 - 1. Chris Koller: It is harder to drive delivery system improvement, with 100 or 150K ppl the influence on the delivery system is less than if you have 500K.
 - 2. Ted Almon asks that if they won’t drive it, who will?
 - 3. Stacy Paterno: If the state has the vision, and the hierarchy of goals, it doesn’t help overall – the line up of state initiatives is tricky. Although these are all state goals, need to look at delivery system improvement. Employers and providers are looking regionally as well, so we need to be able to compete regionally.
- xi. Dawn Wardyga: “Impact” may be a good verb vs. drive; then also want to note that it is important that improved population health be included.

IV. Wrap up and Adjourn

- a. Jenn: Put up the draft statements on the website (the presentation) look at it, download it and email comments.
- b. Chris Koller: Will be bringing this discussion to the Expert panel tomorrow. We may make adjustments based on feedback, but echo that patience is important and helpful.