

Essential Health Benefits Work Group
Monday June 25, 2012 – 8:00am
Highway & Bridge Maintenance Training Conference Room
Warwick
Meeting Minutes

Attendees: Vivian Weissman, Mark Deion, Peggy O'Neil, Bill Hollinshead, Amanda Clarke, Tara Townsend, Craig O'Connor, Elaine Jones, Sandi Ferretti, Tim Bonin, Brian Jordan, John Cucco, Commissioner Koller, Lindsay McAllister, Owen Heleen, Steve DeToy, Rebecca Kislak, Angela Sherwin, Dan Meuse, Elaine a Goldstein, Jill Beckwith, Elizabeth Lange, Deanna Casey, Arthur Plitt, Pat Blenkiron, William Freitas, Paul Zerbinopaulos, Steven Montaquila, Douglas Byrd, Brad Brockman, Judith Rosetti

- I. Call to Order – Lindsay McAllister called the meeting to order at 8:00am. She welcomed members to our location for this week's meeting. This is our fourth meeting of the EHB work group. The last few we have been grappling with this section of the ACA, what our benchmark options are and how we can compare those options. Today we want to take the opportunity to dive a bit deeper into the two largest small group plans. We will start with two today and move into the others in the future meetings. As a note, the National Academy of State Health Policy are also looking at this so if you are interested in comparing other states input and process, that may be a good resource.
- II. Presentation – Slides available upon request and on website.
Questions/Comments/Clarifications during presentation
 - a. Vivian Weissman: Which of the aspects reflects whether there are more or less appeals in terms of accessibility to the coverage as it is written.
 - i. Lindsay McAllister: I wouldn't say that any of the criteria have accounted for any of the appeals.
 - ii. Vivian Weissman: In terms of people contacting our organization, we are hearing about one rather than the other, always refusing service, and you have to go through an appeal to get something covered.
 - iii. Commissioner Koller: You could take the same sort of benefits and give it to two different benefit administrators and they can issue them differently. The question of is a company administering a list of benefits correctly is either within the exchange if they are in the exchange or if outside the exchange, then with the Department of Health and the Office of the Health Insurance Commissioner. There is some thought about having a standard statutory definition of medical necessity – we have not explored that in Rhode Island at this time. As part of EHB

you could take one plan's definition of medical necessity and apply that to everyone, but my experience is that it is all how it is interpreted.

- b. Elaina Goldstein: As a note, we had a meeting on Friday of individuals who are trying to put together thoughts on what the rehabilitative and habilitative language should be so that we can come back and give suggestions to this group. If anyone is interested in joining in on that group, we can send that out.
- c. Rebecca Kislak: Is the emergency dental only for those dental services performed in an emergency room or also those performed in a dental office in the event of an emergency?
 - i. Lindsay McAllister: That is an excellent question – we will research and get back to you.
- d. Judith Rosetti: Applied Behavioral Analysis is actually mandated by the state of Rhode Island, so it being categorized as experimental is somewhat antiquated. Also the EHB includes behavioral health treatment, and the majority of the testimony to congress was regarding the use of ABA in treating Autism.
- e. Elaine Jones: As to the limits – can you speak to guidelines?
 - i. Lindsay McAllister: Placing frequency limits, medical necessity requirements, or those items generally accepted today would be admitted in future. It is putting a dollar cap, say 150 on eyeglasses, or 1200 cap on dental, there the ACA has prohibited that type of limitation. Any dollar caps that would be included by the benchmark we chose would need to be converted into some other limit as those dollar caps are not permitted under the federal law. There is not explicit federal guidance for the process of converting dollar limits. Perhaps that is something done through the Commissioner's office in the future. As far as a particular process, we have not gotten that far.
 - ii. Rebecca Kislak: But the limits on visits would carry over?
 - iii. Lindsay McAllister: Yes
- f. Lindsay McAllister: As a reminder if you would like to provide a comment today that is wonderful and we encourage you to please continue to do so. We are considering doing a more formal comment process before we make final decisions, so that process may be in future.
- g. Bill Hollinshead: To clarify, we are creating a list of benefits to cover here. One option would be pick a very broad list and have someone with a Scrooge like mentality run the show. Then there are other considerations. The report didn't truly delve into how each would play out, how do we compare the how based on the report.
 - i. Lindsay McAllister: The report here for the state then we will provide information there for a meaningful comparison. To the

- extent we conveyed, to ask how do you cover it, we haven't reached there. The report was designed to give you the "what."
- h. Elizabeth Lange: Appreciate all the due diligence, but do want to ask, has there been work or surveys done to see how the insurers will cover these?
 - i. Commissioner Koller: When we speak to providers, it seems to be more "Scrooge vs. Bob Cratchett."
 - ii. Elizabeth Lange: I see more moving the "Titanic vs. An America's Cup Catamaran".
 - iii. Dan Meuse: The decision is more on what are the covered services, inclusive of the scope of duration limits. Then each issuer would apply each set of benefits as a floor for that product, and manage and administer them as the plan does right now. It would not be a whole lot different than when the state says now to blue cross, this is what you need to cover.
 - i. Steve DeToy: Why would they want to take the united benefit package and do anything but the united benefit package.
 - i. Commissioner Koller: How the plan administered now is a different question then how EHB is administered.
 - ii. Dan Meuse: I want to be sure we are talking about the same thing, not how an issuer pays a provider for services rendered, but rather how :
 - j. Elaine Jones: Along those same lines, by choosing the United choice plan you are imposing the limits that those plans have?
 - i. Lindsay McAllister: You are in so far as choosing a floor, but if the carrier wants to go above and beyond, they can.
 - ii. Elaine Jones: But why wouldn't you now have an excuse to do so?
 - iii. Lindsay McAllister: Right, but they could do it today and they do not.
 - iv. Commissioner Koller: The concerns being raised seem to be that this process nearly describes what the list is and how the list is administered. This makes more of a floor than a standard for how it is done in the state. That is a legitimate question and it is an open one.
 - v. Elaine Jones: If the plans are similar, from a health care implementation calendar it places more work in the system.
 - k. Elaina Goldstein: First it would be helpful to have this side by side.
 - i. Commissioner Koller: We do, it is appendix A of the report.
 1. Elaina Goldstein: Okay. Well the entire package that United had structured isn't comparable to all that the Blue Cross has covered. As I understand the process, you have the essential benefits package, have the different metal plans, how does this EHB package relate to the different types of plans that that offer different tiers.

- ii. Lindsay McAllister: The metal tiers are what consumers would be responsible for, the percentage of the actuarial value that remains that the consumer is responsible for.
- iii. Elaina Goldstein: When you decide as a consumer to purchase one of these plans, I presume there would be this basic plan, and if a carrier is to offer more services, and if we need something and offer more benefits there, then what is my cost sharing?
- iv. Dan Meuse: If you take United Choice B (made up) matches the EHB plan, but it has limits for the different types of provider. IF you saw United Choice B with those limits, but then you saw another that had different scope limits, it would be a different plan structure.
- v. Sandi Ferretti: As long as you meet the minimum EHB, Plan A might fit on the silver tier. Plan A++ covers EHB, which is the basic minimum package.
- vi. Elaina Goldstein: The point is those things will be offered on a different benefits package, on different tiers.
- vii. Dan Meuse: But it is not the same "plan."
- viii. Elaina Goldstein: If you go to the exchange they will have the EHB minimum, but then they might go above and beyond?
- ix. Dan Meuse: Yes. EHB are inside and outside the exchange, so you could have similarly vibrant plan choices that have either the minimum EHB requirements or something more than that outside the exchange as well.
- l. Bill Hollinshead: How does this whole conversation relate to the things that are paid for in this state by insurance channels, but are not a usual benefit, i.e. vaccines etc.?
 - i. Commissioner Koller: I think those are considered state mandated benefits. I cannot recall if those are on the list of benefits. The private funding of the vaccinations continues regardless which of these packages are chosen.
- m. __: Has there been analysis of how much the benefits are actually utilized.
 - i. Lindsay McAllister: There has not been an analysis, but anecdotally; we have a sense of those that have been utilized vs. not.
 - ii. __: I am just wondering if there is one, say PT, limited in one plan not in another, how many people utilize more than the limits a year, so we know how meaningful that is.
- n. Commissioner Koller: We will go and verify Appendix A with the two insurers and we will continue to welcome comments about the choice of either benchmark plan. This analysis is done based on using small employer not state employees plans so we welcome comments on that as well.

- o. Commissioner Koller: If you have been following this conversation for five months, what is the problem with this slide if trying to administer this in the state? Dollar limits. The vision is rife with it. Need to let the feds know suggestions.
 - i. Lindsay McAllister: Consider how do you take something that is fundamentally based on dollars and translate it.
 - p. Steven Montaquila: One of the challenges we have had is that vision benefit has traditionally been administered by vision plans not health plans, which therefore means they operate outside the law. Many are corporate owned and can play games with dollar limits. It is difficult to equate them to a health plan benefit. Happy to see you are looking at vantage Blue as it is easier for us to receive care through that. We don't have a great answer from a national perspective, have high hopes that RI will have a good answer and we can spread it nationwide.
 - q. Paul Zerbinopaulos: The every two years suggestion, that deviates from the Blue suggestion. That is the only plan that has it every two years for children.
 - i. Commissioner Koller: Right. As we understand it, this would now be included in the basic medical benefits. Whereas now there are usually one contract for medical and one contract for vision at the state level, as an example.
 - r. Steven Montaquila: The challenge seems to be more than material benefit. Both of the plans cover services in some measure. It seems like even nationally no one has a great sense of what to do, based on the sense of the ACA.
 - i. Commissioner Koller: And the feds do, to a degree, relay on national organization to sort out some of the intricate questions, then they weigh in once the initial conversations have been had.
- III. Public Comment – No additional Comments.
- IV. Adjourn - Next month will be bringing more information around the pediatric dental portion of this conversation, and we may also get into the habilitative portion of benefits.