State of Rhode Island Office of the Health Insurance Commissioner
Administrative Simplification Task Force
September 13, 2022 – 8:00am – 9:30am
State of Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920-4407

Meeting Summary

Attendance

Members: Jill O'Brien (Lifespan), Shamus Durac (RIPIN), Elizabeth McClaine (NHPRI), Richard Glucksman (BCBSRI), Donna Dardompre (Tufts/Point32Health), Scott Sebastian (United), Krysten Blanchette (Care NE), Caitlin Kennedy (Coastal Medical), Dr. Peter Hollman (Brown Medicine), Dr. Beth Lange (Pediatric Medicine), Melissa Campbell (RIHCA), Andrea Galgay (RIPCPC)

State of Rhode Island Office of the Health Insurance Commissioner Staff

Cory King, Alyssa Metivier-Fortin, Courtney Miner

Not in Attendance

Dr. Scott Spradlin (Aetna), Stacey Paterno (RIMS), Laurie-Marie Pisciotta (MHARI), Teresa Pavia Weed (HARI), John Tassoni (SUMHLC), Christopher Dooley (Charter CARE), Al Charbonneau (RI Business Group on Health)

Guests

Tara Pizzi (Care NE), Nicole Searles (HARI), Matthew Ness (Cigna/eviCore), Yvette Lefebvre (Cigna/eviCore), Lisa Tomasso (HARI), Deb Hurwitz (CTC-RI)

1. **Welcome and Introductions**
    - Cory King introduced himself, along with Alyssa Metivier and Courtney Miner at OHIC. The Task Force members in attendance introduced themselves as well as guests attending the meeting.
2. **Explanation of Administrative Simplification and Role of Task Force**
    - Cory discussed the role of the Task Force and addressed how the group can designate a Chair and Co-Chair. As of the first meeting, the group decided not to designate a Chair and Co-Chair
    - Rich Glucksman from BCBSRI asked for a clarification on what "recommendations" to the Commissioner meant in regard to the report at the end of the Task Force meetings
3. **Overview of Administrative Simplification 2022 Topic: Prior authorization requirements and processes**

- Alyssa introduced and defined the topic.
- Dr. Hollman addressed whether or not the Task Force would want to cover a certain area of prior authorization (general, hospital vs. primary care)
- Cory noted the legislation that was brought forth last legislative session that would have required OHIC to govern prior authorization.
- Alyssa discussed the regulatory role and briefly explained the benefit determination review agent quarterly report data.

4. Introduction to Data Requests\Discussion topics for future meetings

- Overview of Benefit Determination Review Agent Quarterly Reports
    - **i.** Alyssa discussed the data only showed prospective reviews for the six major payors in the state from 2021, including their delegates' information. The data is collected in OHIC's portal, at this time the data is raw and OHIC is working with our consultant in order to enhance the data pull.
        1. Jill O'Brien (Lifespan) asked about defining the data sets
        2. Andrea Galgay (RIPCPC) asked if the data included appeals information
        3. Dr. Beth Lange (Pediatric Medicine) asked what is the first hiccup that causes the denial, e.x. rather than denial for medical necessity vs. form wasn't submitted correctly (admin vs. non-admin)
        4. Caitlin Kennedy (Coastal Medical) has data that is tracked longitudinally and can provide it if the Task Force wants to discuss further

5. Discussion

- Dr. Beth Lange (Pediatric Medicine) stated that prior authorization is an instrument to decrease unnecessary medical care, but it is blunt and has ramifications, medically necessary for a patient vs. the insurer's definition of medical necessity
    - **i.** To have to prove a medication is medically necessary for a patient is burdensome, therefore there is clinician turnover and burnout rate
    - **ii.** Causes delays in health care and can be more costly in the end
    - **iii.** During the pandemic when prior authorization was waived, staff could be utilized in a different way.
- Liz McClaine (NHPRI) stated we may not be able to reach a consensus, but the Task Force could list out the challenges (i.e., expensive pharmaceutical drugs – can't manage the costs).
- Deb Hurwitz (CTC-RI) – American Medical Association (AMA) did a prior authorization consensus statement that could be helpful for the group.

- Dr. Peter Hollman (Brown Medicine) stated that he thinks this group can reach a consensus problem statement and that the group could narrow down prior authorization to a couple of areas. How do we solve the issue of high costs drugs?
- Matthew Ness (Cigna/eviCore) – buy in from payors and providers in necessary. Reduce administrative burden by making electronic process/using a portal.
- Shamus Durac (RIPIN) – the burden doesn't fall equally on all members, for folks with complex medical needs, significant impacts of delay on care, rare, infrequent medications/treatment, delays in accessing care, patients have no ability to control that
- Richard Glucksman (BCBSRI) – 4,600 drugs on the formulary, only 15% drugs require PA, and those are specialty drugs
- Cory asked what information from OHIC, insurers, and providers would be helpful to support the work this fall?
    - What is the actual barrier for the first denial? Maybe there is an easier fix
        1. Liz McClaine (NHPRI) medically necessary denials or administrative form issues? One or both?
        2. Dr. Peter Hollman (Brown Medicine) Accept that it's a burden for a health plan, burden for providers, burden for members
        3. Richard Glucksman (BCBSRI) prioritize the data, expenses on the insurer side. Technology that BCBSRI is doing now to make it easier.
        4. Matt Ness (Cigna/eviCore) electronic prior authorization makes the process more seamless
    - Cory asked: Are the members of the task force prepared to present proposals for consideration of the group that address the issues raised during the meetings?
        - Presentations on topics from payors and provider groups
        - Cory is there any information that OHIC can provide - providers/payers?
            1. Data to include volume, by cost? Impact to patients' health? Who is the payer?
            2. Dr. Beth Lange (Pediatric Medicine) - stories and experiences, not databases, storyboards with problem statements
            3. Krysten Blanchette (Care NE) PA time studies, product, payer, varies by type, technicalities within the process; cost that out and investment. There is a has a prior authorization team and has data broken out by payor and product

4. Yvette Lefebvre (Cigna/eviCore)- what percent are you having to call/fax/portal, data to support transmission methods
5. Donna Dardompre (Tufts/Point32Health) modality is up to the provider, so you have to use all three methods, different lines of business

- Do the members think a consensus problem statement could be improved?
  - Well-articulated comments from providers met with well-articulated comments from insurers
  - Donna Dardompre (Tufts/Point32Health) - discussion of issues process, after care is rendered

6. Public Comment

- There were no public comments.