

State of Rhode Island Office of the Health Insurance Commissioner
Health Insurance Advisory Council
Meeting Minutes
October 17, 2023, 4:30 P.M. – 5:30 P.M.
1511 Pontiac Avenue
Building 73-1
Cranston, RI, 02920-4407

Attendance:

Members:

Co-Chair Acting Commissioner Cory King, Co-Chair Stephen Boyle, Daniel Moynihan, Eugenio Fernandez, Laurie-Marie Pisciotta, Lisa Tomasso, Lawrence Wilson, Mark Jacobs, Sandra Victorino

State of Rhode Island Office of the Health Insurance Commissioner Staff

Not in Attendance

Catherine Cummings, David Feeney, Al Charbonneau, Jocelyn Foye, Shamus Durac

Minutes

1. Introductions and Review of September Meeting Minutes

Stephen Boyle called the meeting to order, and all members introduced themselves. Following the introductions, Stephen Boyle asked for a motion to approve the September meeting minutes, minutes were approved.

2. RIREACH Consumer Update

Acting Commissioner Cory King provided an update on behalf of Shamus Durac of RIPIN. The office is continuing to field calls relating to the Medicaid redetermination notices. Daniel Moynihan asked if OHIC had any insider reporting in terms of how many individuals are falling off in terms of Medicaid coverage. Acting Commissioner King noted that OHIC does not receive any insider reporting. Lisa Tomasso mentioned that the EOHHS website publishes data regarding these figures broken down into categories, and it is updated on a rolling basis. Lisa then asked if RIPIN was able to assist hospitals with uninsured patients they may treat. Acting Commissioner King advised that RIPIN does support physicians and providers but tends to be more consumer oriented. Sandra Victorino confirmed that RIPIN is more consumer faced but are very helpful in navigating and providing many valuable resources to aid with any health insurance concerns. Lisa added that her office is fielding calls relating to individuals transitioning from one insurance to another, some from state to state.

3. Administrative Simplification Work Group

Acting Commissioner King outlined the next topic, the Administrative Simplification Task Force, which consists of assembling a work group comprised of providers, payors, and organizations to streamline the administration of healthcare. He advised that the topic of prior authorization is again the focus for the task force this year. Adding that last year's task force was only able to come to a consensus on the problem statement, providers perspective, payors perspective and perceived patients' perspective around the utility of prior authorization. An additional action of the task force last year was to consult with the Care Transformation Collaborative of RI; a multi payor collaborative of primary providers and others. Acting Commissioner King added that the CTC-RI final report with recommendations will be available shortly and the working target is to reduce the volume of prior authorizations by 20%. The final report will be reviewed by the task force when it reconvenes starting October 26th. Acting Commissioner King then presented and outlined senate bill 290 which was recently passed and amends OHIC's powers and duties. Both a copy of the bill and a one-pager was provided to all council members and guests to review. He outlined specifics in the bill such as the task force being able to meet virtually which allows for greater accessibility and attendance. Acting Commissioner King explained that while there are some requirements surrounding timely determinations and response times, operating procedures at insurance companies vary and the time spent on the phone cannot be directly controlled. However, the number of instances the phone may have to be picked up can be controlled as it is a function of the services that require prior authorization. He then outlined the 2022 straw model proposal which consisted of eliminating the prior authorization requirement for services that had a threshold average approval rate of 95% and cost under \$25,000. The Acting Commissioner added that the amended bill gives OHIC, and the task force a clearer set of objectives and expectations. He noted that some payors have taken recent actions to reduce prior authorizations, including UnitedHealthcare and Blue Cross Blue Shield RI.

Sandra Victorino added that behavioral health providers are continuing to experience prior authorization denials even with necessary supporting documentation, which does put additional stress on the providers. Acting Commissioner King explained there is a systemic issue of prior authorization being used ineffectively. In a sense that providers are needing to employ additional resources to spend time navigating the processes. If patients do face adverse benefit determination, there are appeal rights available, but many consumers may hesitate to file a complaint. Mark Jacobs emphasized that prior authorization is a major source of burnout and further shifts the financial burden onto the physician's office. Additionally, there is a significant loss of productivity for providers and other staff who could otherwise be seeing patients. Mark added that when a physician orders a test and it is denied, there is a tangible loss in the provider-patient relationship. He concluded that it may be difficult to make progress but thinks there will be some good recommendations made by the task force. Acting Commissioner King outlined that the amendment to the legislative is limited to state regulated fully insured health plans. In Rhode Island more than half of residents are covered though employer sponsored health

insurance plans, and of that, more than 60% are covered through self-funded arrangements. He advised that although health plans do often align practices across all lines of business, they are not required to do so. He also noted that Medicare and Medicaid are not regulated by OHIC. The task force will attempt to come up with strategies to produce a meaningful reduction of prior authorization in the upcoming session. Acting Commissioner King added that he is hopeful that the task force will make progress during the 2023 session. Daniel Moynihan asked if the task force has reviewed other issues, or if the work has solely been on prior authorization. Acting Commissioner King indicated that the last two years the task force has focused on prior authorization, although the working groups charge can be broadened to streamlining any healthcare administrative issue. Co-Chair Steve Boyle asked if Daniel had a certain topic in mind, Daniel added that there is a list of items. Eugenio Fernandez asked if it would be beneficial to have pharmacy included, as a lot of the prior authorizations happen at the pharmacy. Lisa clarified the dates of the task force meetings, and requested the calendar invite on behalf of Teresa Paiva Weed. Acting Commissioner King outlined that the first meeting will be largely concentrated on reviewing the amendments to OHIC's power and duties. Steve commented that it seems logical to approve the service you are already approving 95-98% of the time. Eugenio added that at the pharmacy, when you receive the denial of the prior authorization, it does outline what med would be covered alternatively, although, they are unable to switch it without first contacting the provider. Mark cited that in a lot of instances the provider would be willing to automate this. Acting Commissioner King concluded that developing technology could provide some additional efficiency but, in the meantime, there are services that could be taken off the list. Mark concluded that patients come to providers with a certain set of expectations which increases the pressure on the providers.

4. Discussion of HIAC Agenda Items for Next Eight Months

Acting Commissioner King invited members to propose potential topic ideas for the HIAC meetings for the following months. Acting Commissioner King added that Rhode Island was accepted to join the Hospital and Health System Financial data learning collaborative through the National Academy of State Health Policy, NASHP. He will be co-leading the with the secretary of EOHHS; the idea is for states to understand the data sources that are in the public domain. He explained that some states such as Colorado have an advanced hospital cost reporting structure for its Medicaid program. Adding that EOHHS has indicated interest in creating more analytics and awareness around hospital financial performance. Ultimately, it's important to know how the hospitals are operating financially, and the specific components that may be driving that performance.

Acting Commissioner King updated the members on the Social and Human Service Programs rate review. New data has been made available regarding Medicaid provider rates and the total fiscal impact that is scored. This is done by applying the recommended rate increases to the Medicaid service experience; the total figure being 45 million. EOHHS has completed its analysis and budget, and they are making the policy decision to apply the rate recommendations to managed care. This would apply to health insurance

companies that administer Medicaid benefits for 90% of Medicaid enrollees. This total fiscal impact is 160 million dollars, annually. Lisa asked if this was applicable to fee for service in addition to managed care, Acting Commissioner King advised it was for both. Acting Commissioner King acknowledged that the total impact for behavioral health will be significant. He outlined that as the budget process continues, EOHHS proposed doing half of that value the first year and the rest in the next fiscal year. He will continue to provide updates to the HIAC members as additional information becomes available. He is anticipating questions regarding the rate recommendations during the next legislative session.

Acting Commissioner King mentioned that OHIC has concluded a round of interviews with primary care providers, practice groups, as well as insurers around the development of updated policies to support primary care. He does expect a draft report to be completed by the end of this month. He will continue to update on what was learned and what measures OHIC thinks would be appropriate. He then disclosed that the market summary is being updated; explaining it is a summary of trends in enrollment, premium, claims, medical loss ratios, and profitability amongst insurance companies. He advised that this updated summary will be released later this fall. He added the potential release of a webinar to increase public engagement. Under the Health Spending Accountability and Transparency program; health care costs are systematically measured in Rhode Island and the claims database is used to drill down cost driver analysis. OHIC will begin to release data stories monthly, starting in November. Adding that these data stories will focus on items such as the rising burden of increasing health care costs for employers, primary care spending, and trends in pharmacy price growth. The office has done interesting analysis looking at emergency room visits and the increasing severity of ED visits over time. Lawrence Wilson asked if this would include looking at the rising health care costs for consumers as well. Acting Commissioner King clarified that it would be included as health insurance is a form of non-wage compensation. He added that Medicare is coming out with a new state partnership model, AHEAD, standing for, All-Payer Health Equity Approaches and Development. It will largely be using payment reform, investing in primary care, and establishing health care cost growth targets. He acknowledged that there are many unanswered questions regarding the model, for example what the financial incentive for providers would be. Acting Commissioner King noted that it could bring meaningful investment to primary care practices within the state through Medicare. It would also be a catalyst for continued payment reform but ultimately providers need to see the perceived value. He will update the council on the model as needed. Laurie-Marie thanked the Acting Commissioner and OHIC staff for its willingness to look at commercial reimbursement rates for behavioral health. She asked if the HIAC could potentially see a small presentation on it after the march report is submitted to legislature. Acting Commissioner King outlined that part of the report will be looking at what insurance companies pay for certain behavioral health services as a percentage of Medicare. This would include looking at what a commercial insurer may pay for a certain psychiatrist code as a percent of Medicare as opposed to a cardiologist or primary care provider visit code. Sandra added that it may vary based on licensure, and

that the volume trend needs to be looked at in comparison to other licensures that are seeing patients within the same scope.

Acting Commissioner King anticipates Al Charbonneau having a topic for presentation for the HIAC. Eugenio suggested looking at Pharmacy Benefit Managers or PBM's, and looking into the value they bring and if it saves patient's money. Acting Commissioner King added that the OHIC office does field a lot of calls regarding PBM's, inquiring as to how they are regulated. He suggested having an outside expert conduct a presentation, or a webinar. Lisa Tomasso asked where PBM's intercept with patients/consumers and what those relationships are. Between the insurers and those PBMs, what they do, how they operate, and how it impacts health care. Acting Commissioner King questioned how much of that money could potentially go back to the consumer in a form of lower premiums. He added that Vermont did a report on PBM's, and if the legislative allocated money towards it, it could be further reviewed in Rhode Island.

5. Public Comment

There were two public comments made by Shawn Donahue from Blue Cross Blue Shield. The first was congratulating the Acting Commissioner on being chosen by CMS as one of two individuals to present nationally regarding cost containment and investment in primary care. His second comment was that of only two countries, United States and New Zealand allow direct to consumer advertising. He mentioned the varying prices of the diabetic weight loss drug and the need for to be addressed. There were no other public comments made.

6. Adjournment

The meeting was adjourned at 5:30 P.M.