

State of Rhode Island Office of the Health Insurance Commissioner
Social and Human Service Programs Review Advisory Council
Meeting Minutes
December 12, 2024
1:00 P.M. to 2:30 P.M.

Attendance

Members:

Co-Chair Commissioner Cory King, Co-Chair Elena Nicolella, Co-Chair Sam Salganik, Beth Bixby, Garry Bliss, Margaret Holland McDuff, Tanja Kubas-Meyer, Maureen Maignet, Nicholas Oliver, Laurie-Marie Pisciotta, Lisa Tomasso

Rhode Island Office of the Health Insurance Commissioner Staff:

Taylor Travers, Molly McCloskey

Unable to attend:

Carrie Miranda, John Tassoni

Minutes

1. Call to Order

Co-Chair Sam Salganik called the meeting to order.

2. Review of July 19 Meeting Minutes

Minutes were approved.

3. OHIC Social and Human Service Programs Review Updates

Molly McCloskey reviewed which reports were due on January 1st, April 1st, and September 1st. This can be found on slide 4 of the meeting slides.

The Commissioner explained that at the next meeting, the council members will have an opportunity to provide feedback on the January reports and if anything was missed, OHIC could send a supplemental report to the legislature.

Sam Salganik asked what the Access Report was going to look like this time around. Molly explained that OHIC is going to select 3 service areas categorized as having unavailable or highly limited quantitative data (based on the 2023 Access Report). Then OHIC will identify and define access metrics, assess Rhode Island-specific opportunities and barriers, and make recommendations about how to assess access for these services in the final report. OHIC is assessing a limited set of services due to resource limitations. OHIC is working on this report now. The report is due April 1.

Molly provided an update on which services will have an independent rate model analysis (slide 5). These services were chosen based on the volume of Medicaid expenditures associated with the services, stakeholder feedback collected via the questionnaire sent to advisory council members and state agencies in August 2024, and other considerations such as varying the types of services reviewed, the degree of complexity of the service, and project budget. She shared that OHIC will be sending out a

survey to providers of these services to collect information that will inform the IRM analysis. The survey will go out in the next month or so. The codes for these services can be found on slide 6 and 7 of the presentation.

Tanja Kubas-Meyer shared that there is also a separate rate modeling exercise for DCYF contracted services. She said that that process will be delayed to some extent to accommodate the provider challenges. She requested that the advisory council receive an update on the DCYF process. The Commissioner stated that OHIC would invite DCYF to the next meeting.

Molly reviewed a rough timeline of the advisory council's upcoming meetings (slide 8).

4. EOHHS Rate Implementation Update

Dezeree Hodish, EOHHS, provided an EOHHS rate implementation update. Dezeree shared that Patricia Arruda is the liaison to OHIC for anything related to implementation questions and the review. Dezeree addressed an earlier question that had been asked by the committee about whether all rates need CMS approval. If they are Medicaid rates, then they do.

Dezeree shared a detailed update. There is also a Medicaid website that explains the process. Dezeree encouraged council members to reach out to she and Patricia with questions.

Sam thanked the Medicaid team for implementing rate changes in managed care.

Dezeree said that she and her team have been trying to do everything they can to expedite the rate implementation process, and there is a rigid federal process that they are required to follow.

5. Discussion on Assessing Impact of Rate Changes

Elena Nicolella initiated a discussion with the council members about the importance of documenting the impact of the rate increases. She acknowledged that it may be a little early to evaluate the impact, but it would be helpful to think through how to document that for when there is more data available in the future. She said that some of this might intersect with EOHHS's Health Care Planning work. The impact of the rate increases on workforce is one piece and another is access. And to some degree, if workforce capacity is addressed, then access will be addressed.

Sam stated that he thinks that it is the community's responsibility to show that the investments that the state is making are having an impact.

Tanja stated that she thinks that both the state and the community have a role and that the community's role might be more qualitative. Her group has been pressing for the state to take on capacity assessment because they are the only ones that have the full picture. Sam stated that he agreed that quantitative analysis is not within the community's capacity. It also probably doesn't make sense to do that sort of analysis until at least the 4-year mark. He suggested that the group start collecting anecdotal evidence of the impact of rate increases.

Elena stated that we are entering a period where public investment into health and human services is going to be questioned. So, it will be helpful to show how a rate setting process and investment into services impacts jobs, access, and care.

Council members shared stories highlighting the positive impacts of increased reimbursement rates.

Sam said that RIPIN can dedicate some resources to compiling stories that council members share in an easily digestible way that can be disseminated. He said that he and Elena will start to work on what the ask will be and will disseminate that to the group for feedback.

Marti Rosenberg said that she thought the members' ideas around documenting impact made a lot of sense. She would like to keep the lines of communication open between the state and the community on this topic.

6. Public Comment

Tina Spears submitted a written comment on Zoom. She wanted to note that ABA and HBTS are similar and that needs to be taken into consideration. She also wondered about I/DD rates and stated that they require an adjustment and review. She stated that she did not see that addressed in the slides. The Commissioner responded saying that I/DD rates are in scope. They were recently adjusted following the Burns and Associates report. OHIC will be looking at those rates, but not rebuilding or re-engineering what Burns and Associates did from a methodological perspective. OHIC will be looking at some benchmarks, where they are available, and perhaps looking at the rates through some other lenses. This comes down to resources – the original request for the budget for this process was reduced. If we had more funding, we could look at the rates in a more systematic manner.

Elena asked if community health workers were inclusive of peer recovery specialists. Ian McCulla (Milliman) said that community health workers were specific to the three codes included in the IRM analysis.

7. Adjournment