

State of Rhode Island Office of the Health Insurance Commissioner
Social and Human Service Programs Review Advisory Council
Meeting Minutes
February 13, 2025
3:00 P.M. to 4:30 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 December 12 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](#). She also discussed 2025 Independent Rate Model (IRM) Surveys (slides 5-7 can be viewed [here](#)). Molly let council members know that surveys were distributed to providers based on provider lists from state agencies. Additionally, council members were asked to distribute these surveys to providers. After surveys have been completed, provider workgroup meetings will be held in May to discuss and set rate assumptions. And in June and July, providers will have an opportunity to review draft rates and provide feedback.

Co-chair, Sam Salganik initiated a discussion around how the Governor's budget includes amendments to OHIC's statute that would add authority for OHIC to review primary care rates. Commissioner King added that the changes can be found in Article 8 and if the budget passes as proposed, then primary care rates would be included in the next rate review cycle. Sam expressed concerns about the proposal not being well-tailored to address the financing challenges of primary care. This process is focused on Medicaid but in primary care, particularly adult primary care, Medicaid is not a huge part of the payer-mix. Margaret Holland McDuff stated that this is worth a discussion because there is a barrier to get patients into primary care, especially pediatrics. She stated that she works closely with a couple that have large numbers of Medicaid enrollees and that they are really suffering because of the rates. Sam said that he would propose a process that is a lot like this one that includes authority over commercial rates. Margaret said she agrees.

4. DCYF Update

Tom Alger, Chief Financial Officer at DCYF, was invited to provide an update on the DCYF rate setting work that was funded in the FY2025 budget. Tom reported that DCYF's budget remains static. With a couple of exceptions – one, the Exeter facility bumped the DCYF budget up because of the construction that's going on at the female youth facility in Exeter. And then there was a little bit of rebalancing with the Children's trust account – approximately \$700,000. The Medicaid rates with Milliman are still in the works. DCYF and Milliman have been working on this – sharing anything more than that would be just conjecture. Finally, the federal government is a wild card, so DCYF is watching that closely to see how/if changes there could impact DCYF.

Margaret Holland McDuff and Beth Bixby talked about how the state should be looking at all funding sources and not just Medicaid during this transformation process. Every dollar should be used effectively.

Sam stated that he had initially thought that this transformation towards Medicaid billing services would happen pretty quickly. He asked if there is a new timeline. Tom said that the new go-live date is July 1, 2026. Beth stated that that was based on provider readiness and other related challenges.

The Commissioner stated that eventually, once there is a rate schedule for DCYF services established, then DCYF rates will be part of the scope of this rate review process by law.

5. Access Report Presentation

Commissioner King prefaced the presentation by saying that the review statute requires that OHIC report on access to social and human service programs. During the first cycle, OHIC sought to do an access report and found that for most in-scope services, data is either highly limited or unavailable, which makes it challenging to report on access to these services. Given that OHIC has more constrained resources this review cycle, we decided to do an access report that was a proof of concept where we propose an approach to measuring access for a subset of services.

Jess Brown from Faulkner Consulting Group (FCG) provided an update on the 2025 Access Report (task 7 required by statute). FCG's slides can be viewed [here](#). Jess stated that hopefully this report will provide a methodology and framework that can be applied to the remaining services that aren't focused on in this report.

Commissioner King clarified that all of the recommendations that come out of the access report are non-binding for two reasons: (1) OHIC does not have oversight of these programs, and (2) it may take investments by the legislature to fund the implementation of these recommendations. This report shows how access *could* be measured.

Laurie-Marie Pisciotta shared that the Mental Health Association of RI has been concerned about the lack of data around wait lists, so they will be conducting listening sessions in 2025 with providers to get their input on whether it would be burdensome to report monthly waitlist data. Eventually listening sessions will include hospitals, assisted living facilities, and nursing homes. MHARI is looking at partnering with the state in 2026.

Margaret stated that she wants to make sure that access reporting meets the intent of the legislation and making sure that we have a full picture including provider capacity. She said the intent was to look at how to build capacity and recruit more providers in certain areas that have the need. She recognized that there are resource constraints. The Commissioner responded that this is a fair point and that during the first review, OHIC found that the data wasn't there. Now, the funding isn't there to do anything in depth beyond a rate review. The Commissioner said that he doesn't think that it is OHIC's place to be measuring access and getting involved in programmatic activities in other agencies. Margaret agreed. Sam stated that he likes the idea of this access report approach because it builds towards having better data in the future. The Commissioner stated that in the 2023 final report, the section on EI rates included data from the access reports, so the information has been useful to OHIC. However, in this second cycle, OHIC's budget was reduced.

6. Public Comment

Sam shared that advisory council members will be receiving an email from him, Elena, and Tina (CPNRI) to collect anecdotal evidence around the effects of rate increases. He said that they will put together some sort of communications materials to share the information.

7. Adjournment