

# Primary Care Spending

*Select Data from RI Commercial Health Insurers*

Presentation to Health Insurance Advisory Council, Oct 15 2013

# OHIC Primary Care Spending: Background

---

## What is this data for?

- ▶ OHIC collects data from the commercial health insurers to support its Affordability Standards (specifically #1)
- ▶ Insurers must raise the amount of money spent on primary care by 1 percentage point each year
- ▶ Insurers must spend a target percentage (35%) of primary care spending on non FFS activities

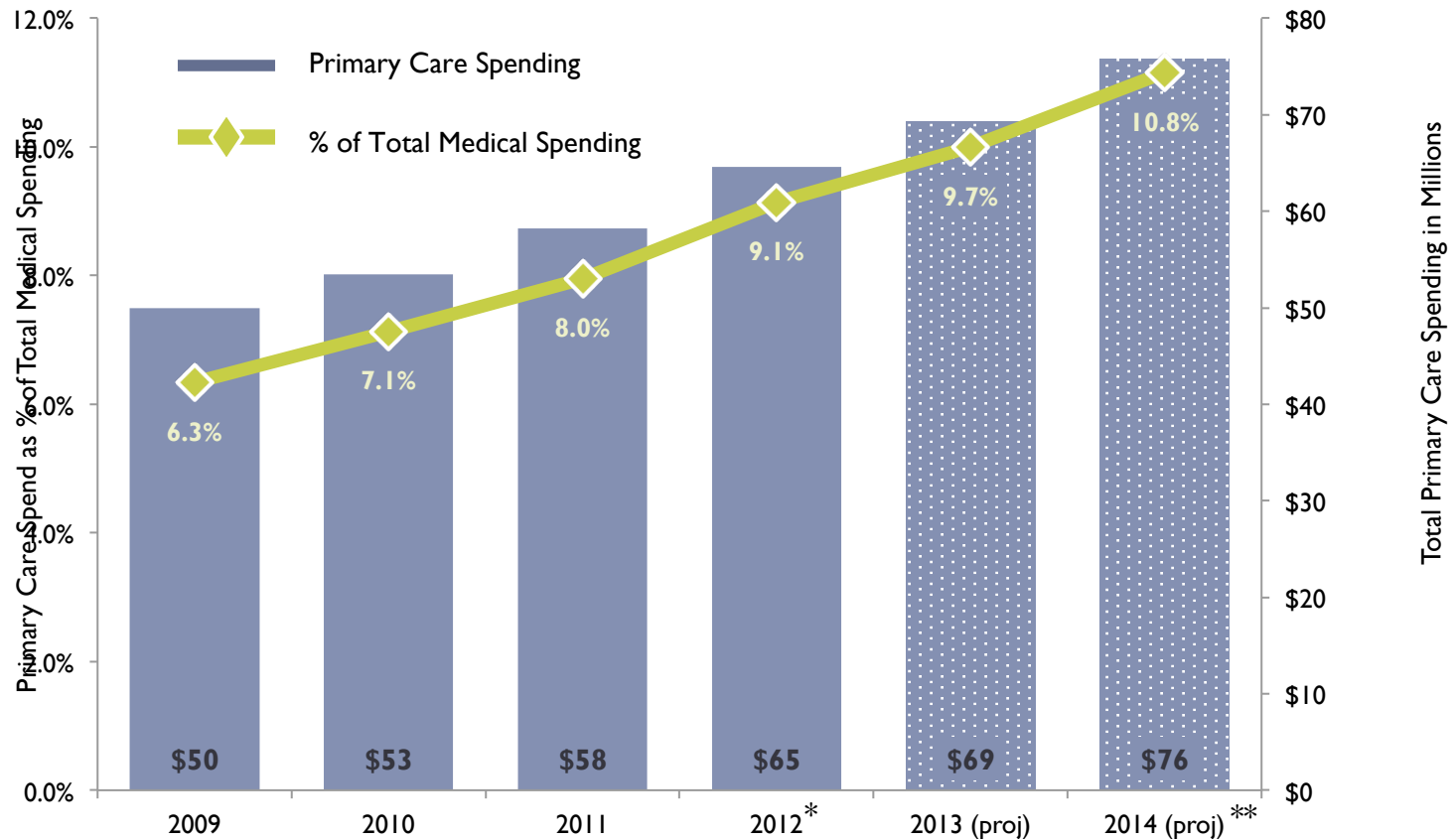
## What is in the data?

- ▶ The data are self reported by:
  - ▶ Blue Cross Blue Shield of RI
  - ▶ United Healthcare
  - ▶ Tufts Health Plan
- ▶ Submitted quarterly
  - ▶ Actual spending to date + projections for 2013 and 2014
  - ▶ Data reported to OHIC as of July 2013 unless otherwise noted



# Primary Care Spending is rising both in total and as a percent of total medical spend

Primary Care Spending, Total and as Percent of Total Spend  
2009-2012 Actual | 2013-2014 Projections



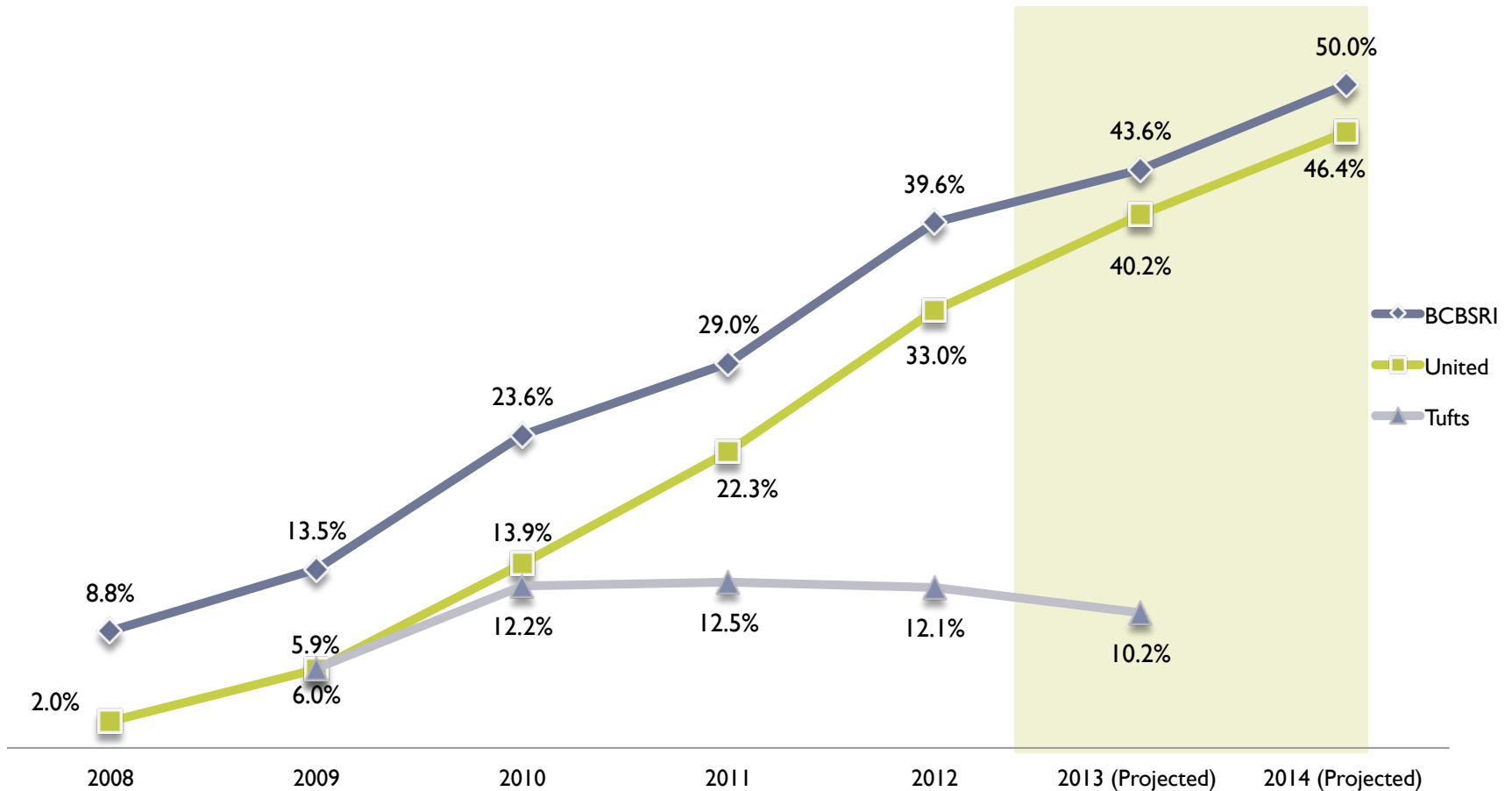
\*United Data for 2012 reported as of April 2013 \*\*2014 Projection Data Excludes Tufts

Source: Payer data submitted to OHIC; Payers include: BCBSRI, Tufts, and United Healthcare

# BCBSRI and UHC met their 2012 Non-FFS Target

*Tufts does not yet have a target*

Percent of Primary Care Payments Dedicated to Non-Fee for Service Investments  
2008-2012 Actual | 2013-2014 Projected

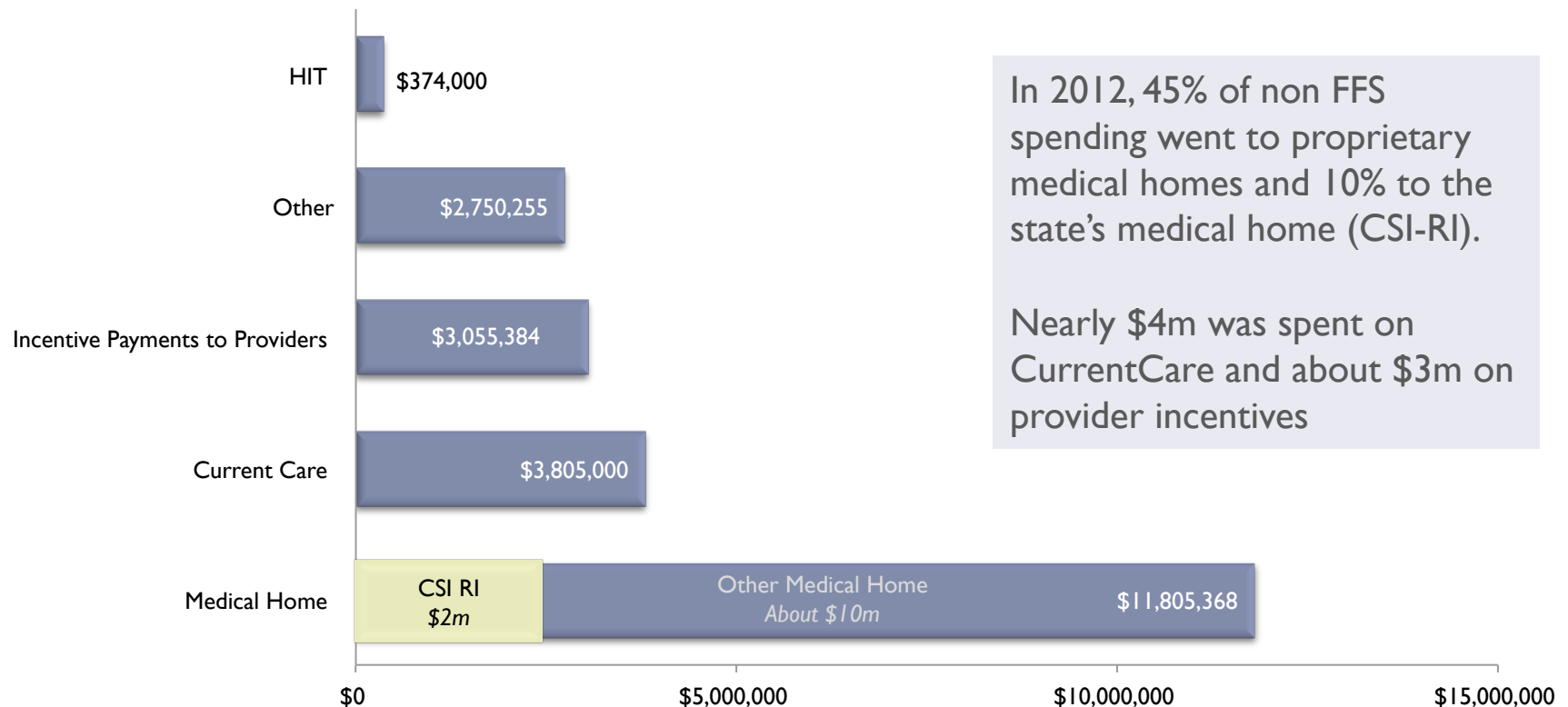


Source: Payer data submitted to OHIC; Payers include: BCBSRI, Tufts, and United Healthcare

# In 2012, most non-FFS spending was for medical homes, CurrentCare, and provider incentives

## 2012 Spending on Non-FFS Investments

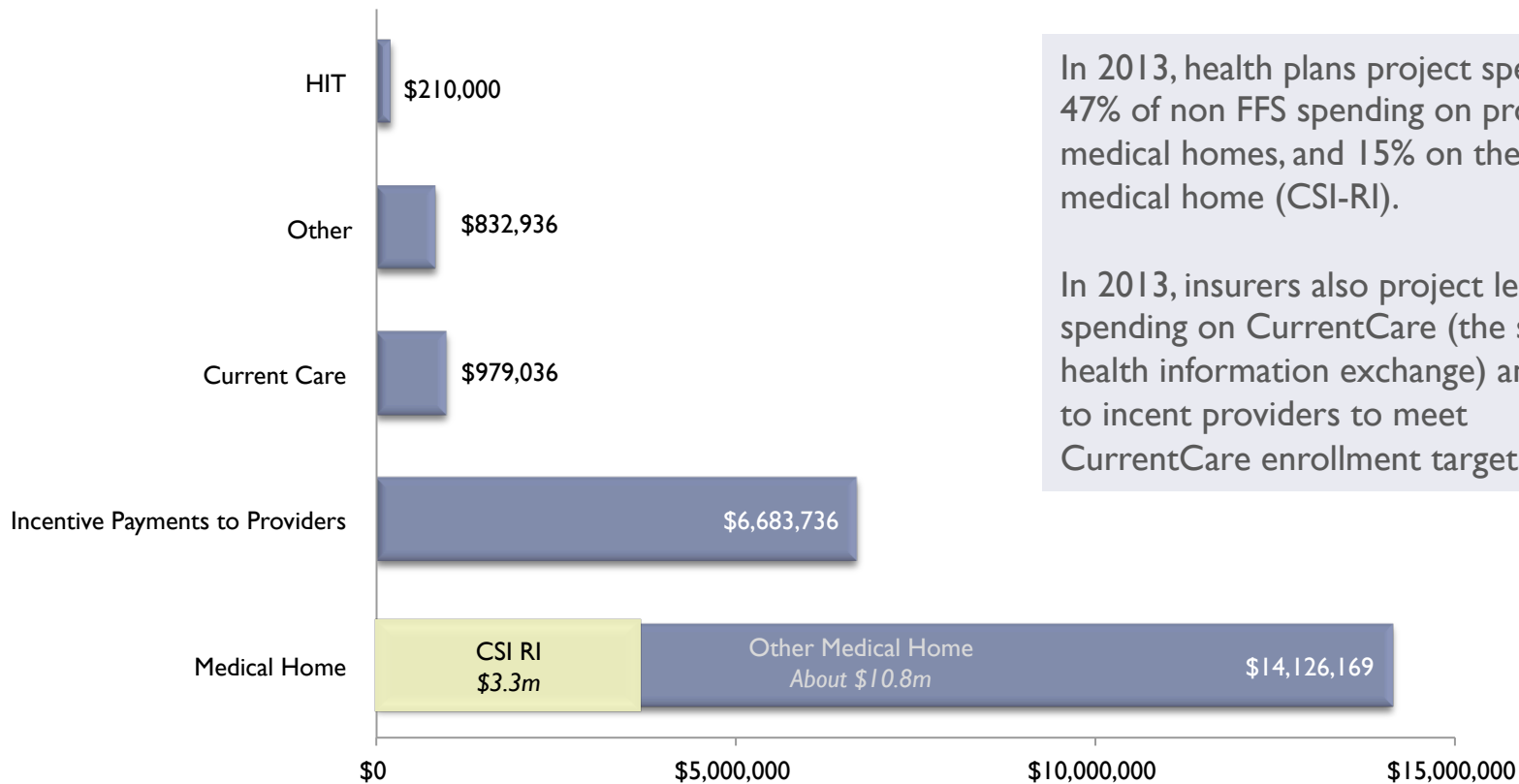
Total: \$21,790,007



# In 2013, medical homes and incentive payments dominated non FFS spending

## 2013 Projected Spending on Non-FFS Investments

Total: \$22,831,877



In 2013, health plans project spending 47% of non FFS spending on proprietary medical homes, and 15% on the state's medical home (CSI-RI).

In 2013, insurers also project less *direct* spending on CurrentCare (the state's health information exchange) and more to incent providers to meet CurrentCare enrollment targets.