MARCH 2017

OHIC NEWS

Care Transformation: Engaging and Supporting Primary Care Practices

OHIC, stakeholders working to help small practices overcome barriers to transform

One of the foundations of OHIC's work to improve affordability and quality in the healthcare system is enhancement of primary care infrastructure. Better primary care can reduce overall costs by helping patients identify potential problems before they become serious.

At the center of this effort is the Patient-Centered Medical Home (PCMH), a concept of primary care delivery that is accessible, continuous, comprehensive, family-centered, coordinated, compassionate, and culturally effective.

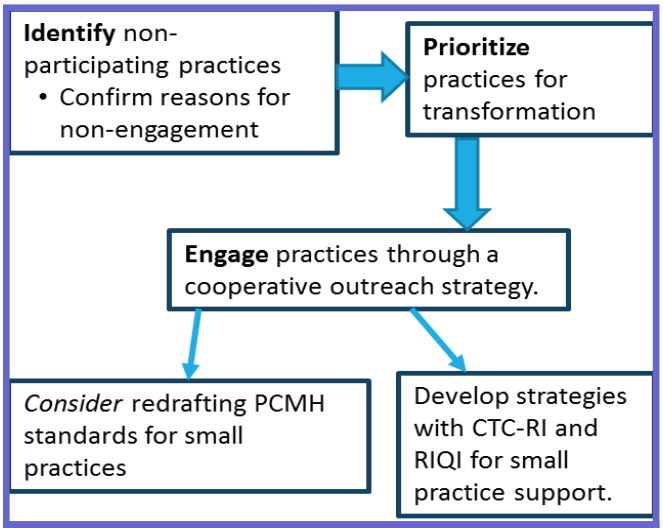
OHIC's Affordability Standards establish a target of 80% of practices contracting with commercial insurers be designated as PCMH by 2019. Currently, approximately 50% of primary care providers have the designation, which is granted by NCQA.

But many primary care practices in Rhode Island – particularly smaller, independent practices – face barriers in attaining a PCMH designation. The process can be expensive and administratively burdensome for offices that do not have much support staff.

OHIC has made identifying, engaging, and supporting these practices in the transformation process a major component of this year's Care Transformation work plan.

"We are working on a systematic way to identify and engage practices that have not transitioned yet, and figuring out what supports we can offer to make the transition easier," said Libby Bunzli, OHIC's Principal Policy Associate, who coordinates the Care Transformation Advisory Committee and its Small Practice Engagement Subcommittee.

Subcommittee participants include CTC-RI, RI Quality Institute, primary care providers, health insurers and Accountable Care Organizations. They are assessing practices based on several criteria to determine both likelihood and ease of potential attainment of PCMH designation—such as whether a practice uses electronic health records, or belongs to an ACO.



Care Transformation Plan Approach: *OHIC and partners are identifying small primary care practices that have not transformed to a PCMH, developing a cooperative outreach strategy, and supporting their practice transformation.*

The PCMH model relies on care coordination, which often requires additional support staff. Bunzli points out that smaller practices face challenges here as well.

"If you're a very small practice, you're not going to need a full time, or even half-time, Nurse Care Manager." She says the subcommittee is "looking at ways to establish shared resources, like a Nurse Care Manager or Community Health Team that can serve multiple practices so that these small practices don't have to struggle with this kind of hiring dilemma."

Learn more about PCMH and Care Transformation at the OHIC website.

OFFICE OF THE
HEALTH INSURANCE COMMISSIONER
STATE OF RHODE ISLAND

1511 Pontiac Avenue
Building #69
Cranston, RI 02920

Phone: 401-462-9517
Fax: 401-462-9645
OHIC.HealthInsInquiry@ohic.ri.gov

Ask the Commissioner: State Mandated Benefits

Welcome to "Ask the Commissioner," a new column where Commissioner Hittner answers common questions about health insurance and healthcare policy.

Rhode Island has many mandated benefits – how do these affect the cost of health insurance?

Benefit mandates are something that this Office monitors very closely. They can be an important consumer protection and a way to ensure that health coverage purchased in Rhode Island is comprehensive and will meet the needs of consumers.

But benefit mandates do come with a cost. My staff completed a study in 2014 of all health benefits mandated by Rhode Island law at the time, to assess their impact on health insurance premiums.

We already knew that Rhode Island had a lot of mandated benefits – everything from lyme disease treatment to home health services. In fact, our state benefit mandates are one reason we did not see the huge spikes in premium increases that many other states experienced when the Affordable Care Act took effect – many of the ACA's Essential Health Benefits (EHB) had already been in place in Rhode Island for more than a decade.

In our study, we found that any one of our coverage mandates, taken on its own, is not a significant driver of insurance premiums.

Dr. Kathleen Hittner

For example, we have mandated coverage of infertility services in Rhode Island. Many critics of this mandate point to the fact that it is one of the more expensive mandated services outside of those required under federal law.

However, the savings that would be realized by repealing this mandate would be insignificant, amounting to just $1.29 per member, per month. And this is one of the most expensive non-EHB mandates! When you look at some of the other mandated benefits, the costs associated are much less.

Still, these mandates do add up, which is why we keep a very close eye on existing mandates as well as those proposed in the General Assembly. It is important to keep in mind that future mandates above and beyond EHBs will not be backed up by any financial support from the federal government—the state will be entirely on the hook for additional costs.

We recommend the following criteria be used by policymakers when evaluating benefit mandates, both prospectively and retrospectively:

- Mandated benefits should, to the extent possible, be consistent with practices in the self-insured market (particularly State and municipal employee coverage) and the Medicaid program
- Mandated benefits should be based on medical evidence
- Mandated benefits should consider the cost impact; including both the impact of having or not having the benefit from the perspective of the State, payers and consumers
- Mandated benefits should not duplicate federal mandated benefits

When considering benefit mandates, it is important to balance affordability with consumers' need to know that the coverage they are purchasing will be there when they need it.

Upcoming Meetings

State Innovation Model (SIM) Steering Committee
Meets the 2nd Thursday of every month
Thursday, March 9 5:30—7:30 PM
HP Conference Center
301 Metro Center Blvd., Warwick

APM subgroup: Primary Care Alternative Payment Model and Care Delivery
Friday, March 17, 7:30—9:30 AM
Department of Labor and Training Conference Rm.
1511 Pontiac Ave. Building 73-1, Cranston

Health Insurance Advisory Council
Meets the 3rd Tuesday of every month
Tuesday, March 21, 4:30—6 PM
Department of Labor and Training Conference Rm.
1511 Pontiac Ave. Building 73-1, Cranston

CTAC subgroup: High-risk Patient Identification
Thursday, April 6, 9:00—10:00 AM
Department of Labor and Training Conference Rm
1511 Pontiac Ave. Building 73-1, Cranston