

**RHODE ISLAND**

**HEALTH INSURANCE  
SMALL EMPLOYER TASKFORCE:  
INFORMING AND ENGAGING EMPLOYERS ON  
RATE REVIEW**

# HISTORY

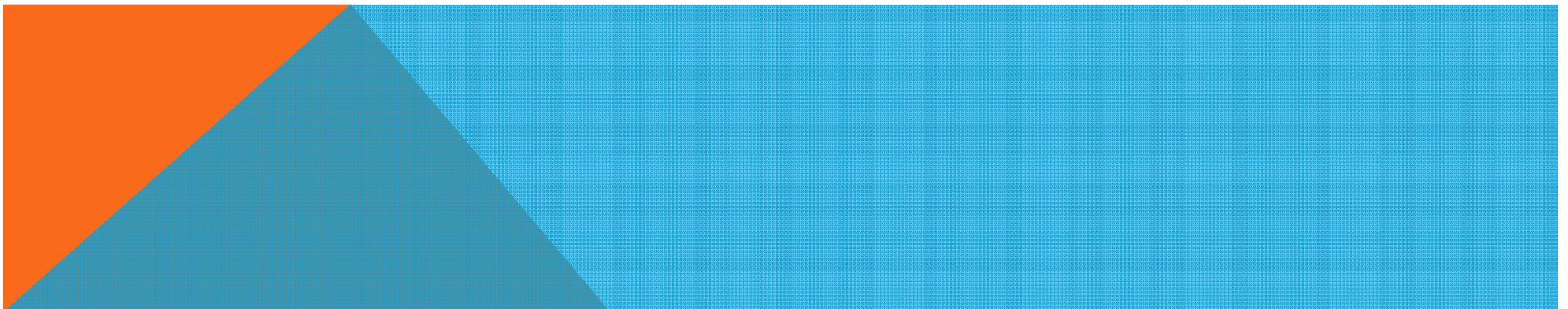
## Twenty Year of Health Care Organizing in Rhode Island:

- 1994 - Patient Protection Act: Regulating HMO's
- 1997 - Hospital Conversion Act: Regulation the sale of nonprofit hospitals
- 2001 - Health Reforms: Rate Bands
- 2004 - Creation of the Health Insurance Commissioners Office & Health Insurance Advisory Committee
- 2006-2008 – Health Care Planning Commission
- 2011 – Health Insurance Small Employer Taskforce

## TOOLS FROM THE OFFICE OF THE HEALTH INSURANCE COMMISSIONER

Principles, from the legislation creating the insurance commissioner's office:

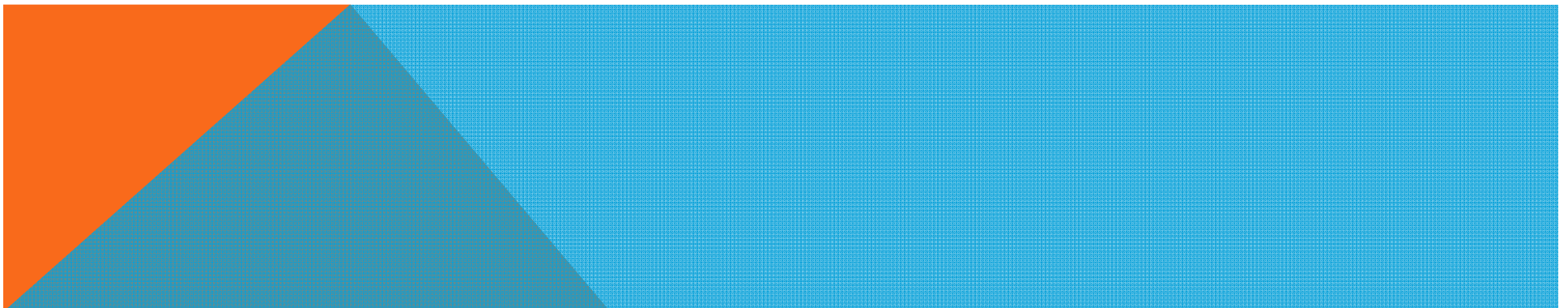
1. Protect consumers;
2. Ensure fair treatment of providers;
3. Ensure solvency of health insurers; and
4. Improve quality, access and affordability.



## TOOLS FROM THE OFFICE OF THE HEALTH INSURANCE COMMISSIONER

### Affordability Standards:

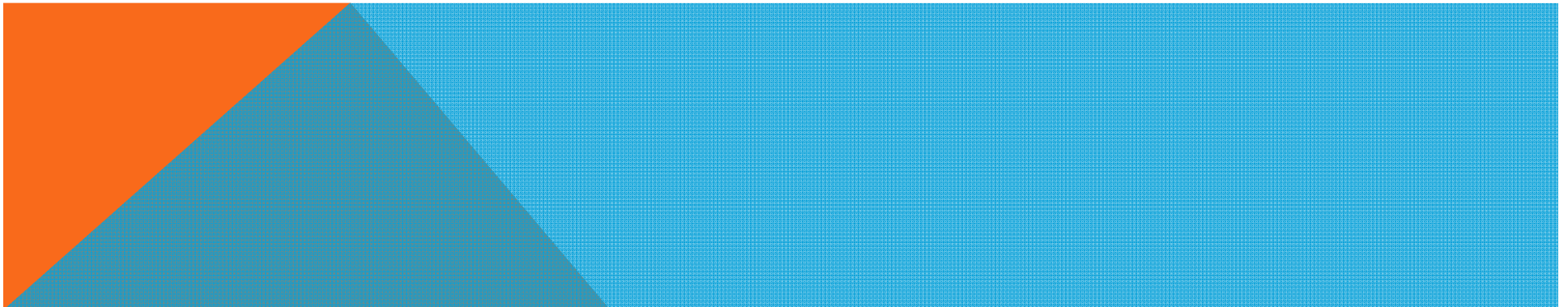
1. Expand and improve primary care infrastructure
2. Spread the adoption of the patient-centered medical home
3. Support CurrentCare, the state's health information exchange
4. Work toward comprehensive payment reform across the delivery system



# HEALTH INSURANCE SMALL EMPLOYER TASKFORCE: ORGANIZING FOR COST CONTAINMENT

## Background & Goals

- RFP from the Office of the Health Insurance Commissioner to inform and engage employers
- Able to use tremendous access to decision-makers to draw in employers
- Focus on education, in order to better involve employers
- Ready employers for Rate Review hearings

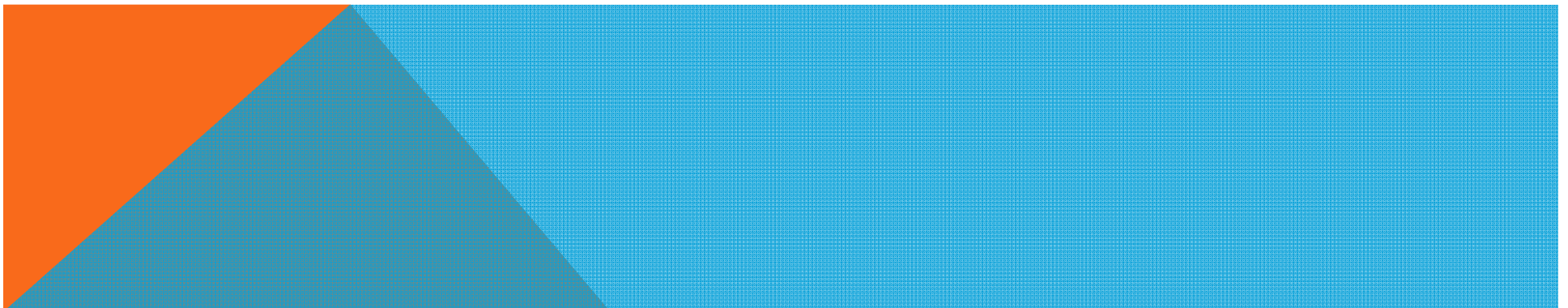


**HEALTH INSURANCE SMALL EMPLOYER TASKFORCE:  
ORGANIZING FOR COST CONTAINMENT**

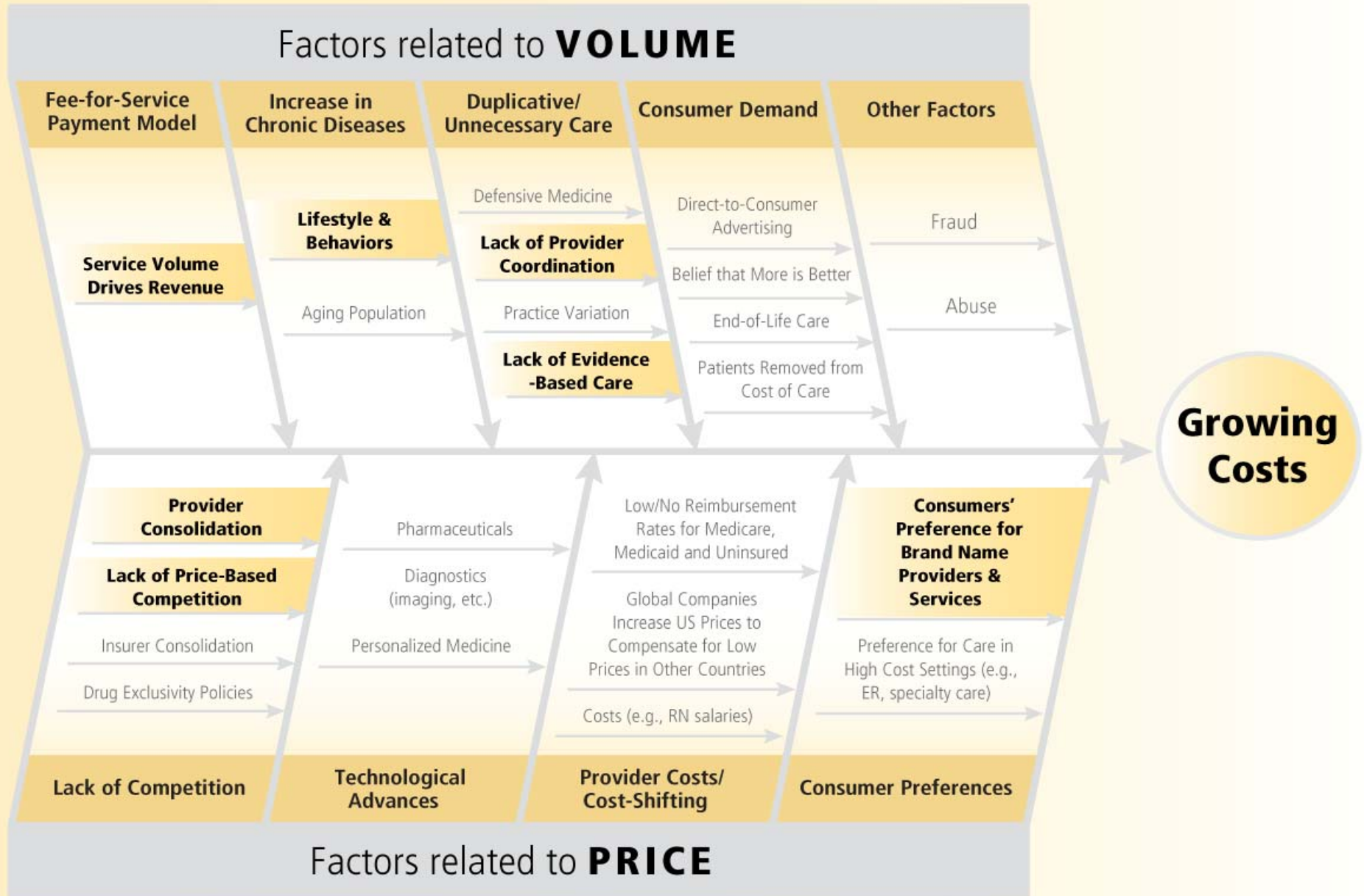
## **Example of**

# **Educational Materials:**

The following 4 slides are from a presentation created for the Small Employer Taskforce, as a basic primer on health care costs.

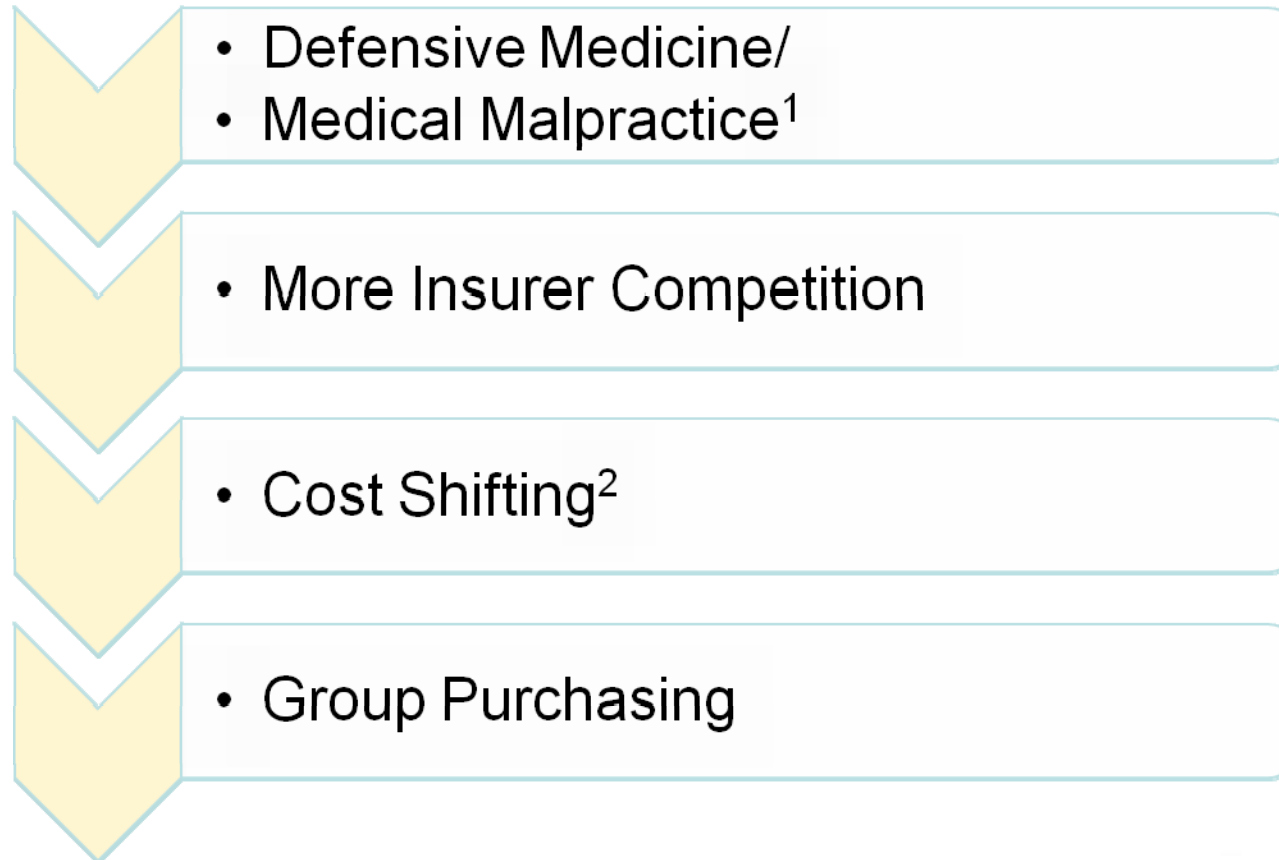


# Health Insurance *Small Employer Taskforce*



## Not as Much Impact as You Might Think

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1. Limiting Tort Liability for Medical Malpractice, Congressional Budget Office, January 8, 2004.

2. Zimmerman, Christina. *Findings Brief: A review of the evidence on hospital cost-shifting*. AcademyHealth, May 2011. Web. 30 Jan 2012. <http://www.academyhealth.org/files/HCFO/HCFOBriefMay2011FINAL.pdf>.



## Potential Solutions: Price

### 1. Provider Consolidation

- Anti-trust enforcement
- Provider price regulation
- Insurer premium regulation
- Alternative insurance product design

### 2. Lack of Price-Based Competition

- Price transparency
- Alternative insurance product design

### 3. Preference for Brand Names

- Price and quality transparency
- Alternative insurance product design
- Consumer education

## Potential Solutions: Volume

### 4. Fee-For-Service Payment

- Payment Reform Strategies
- e.g., global payment, shared savings, bundled payment

### 5. Lack of Provider Coordination

- Delivery Reform Strategies
- e.g., Patient-Centered Medical Homes, ACOs, Health Information Exchange

### 6. Lack of Evidence-Based Medicine

- Value-based or reference pricing and cost-sharing plan designs
- Payment reform strategies
- Lack of coverage for medical practices without evidence of effectiveness

# TASKFORCE TACTICS

## Public Forums:

General Education

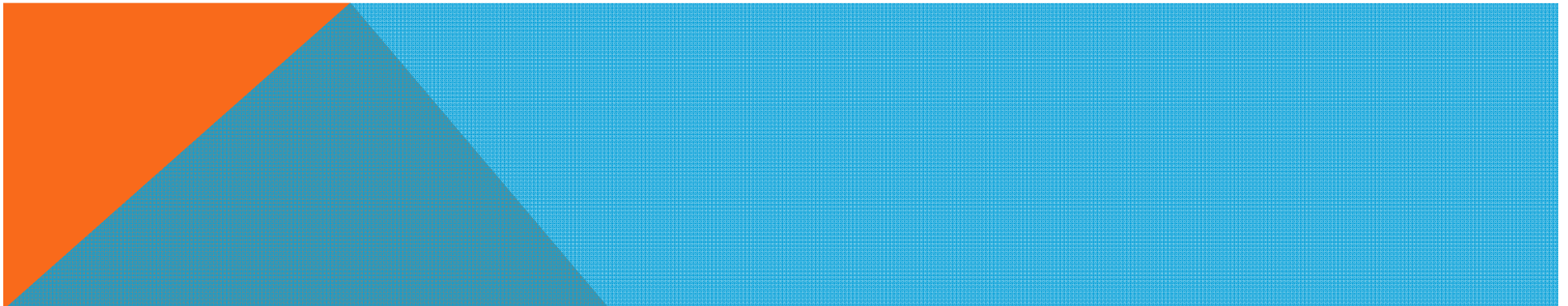
Insurance Executives

Hospital Executives

Other State's Examples

Health Insurance Exchange Director

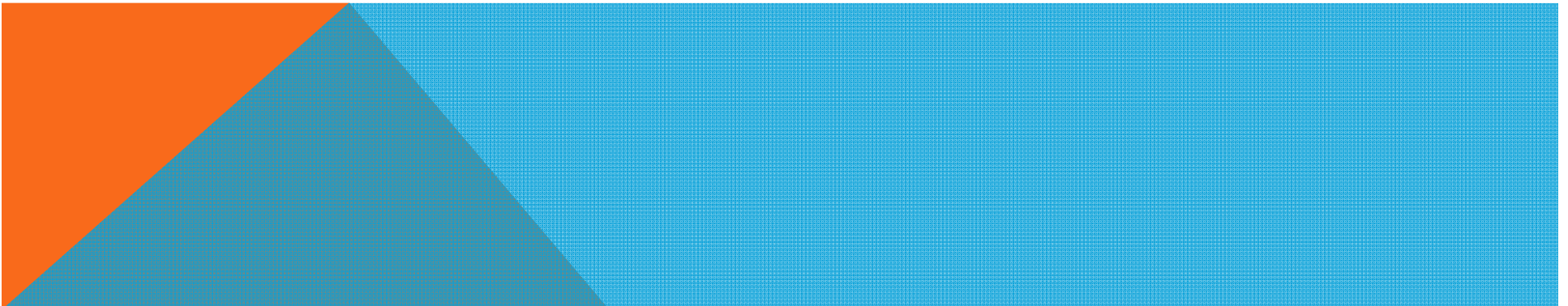
Member Meetings with the Health Insurance Commissioner



# CONCLUSION

## Organizing Principles and Goals

- Aim big – but understand change is usually incremental. Get as much as you can in each year and build on that for the next year.
- Use crises.
- Build the biggest coalition possible.
- Create public accountability – advisory commissions, public hearings, public input meetings, etc
- Dealing with challenges:
  - organizing employers
  - the tension between historic consumer priorities and cost containment
- Most important – you can do it if you get started!



## CONTACT

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