Healthy RI National Health Reform Implementation Taskforce

Pilots and Grants Work Group

Notes 7/7/10 Meeting

1) Review of notes from last week.

2) Update on high-risk grant. A grant opportunity concerning high risk pools'-will provide each state with a way for high risk individuals to buy insurance for a rate that is not much more than other people in that group.

In RI, we have one pool (BCBSRI) that keeps rates affordable-not multiple competing pools. Chris Koller, OHIC, has notified the federal government that RI will designate BCBSRI as its high-risk pool. Assuming this is approved, BCBSRI will start an open enrollment period for coverage starting Oct. 1. The pool is designed for people with chronic/pre existing conditions. Techniques will be used to stretch the $13 million over three years (2014, until other rules kick in. Only a temporary pool).

Questions: What happens when the money runs (if it does)? Do insured people become uninsured? Answers: Not quite, people have the opportunity to switch to traditional insurance or insurance employer. Plus, if program is successful, Congress could expand it. See paper on Chris Koller's website concerning individual market.

3) Review matrix

First four grants listed are from Title1. Office of the Health Insurance Commissioner is focused on this title. Our advice could just be to keep informed of their activities as more information comes out.

Title 2 allows state government to create programming around the Medicaid population. It is worth taking a look at-one area where there might be opportunities for Medicaid programs to change or enhance aspects in RI that can improve aspects of global waiver or effect procurement process.

Elderly Affairs is pursuing Title II, Section 2403, ADRC's.

State needs to pursue lots of these opportunities, what is the role of the state? We need to define/ have report from the state that says what they want to do. Is state looking into it? How does it fit into agenda/plan for Medicaid improvement? -Most of opportunities are in future years. LTC Work Group is very interested in these opportunities.

2703-Medicaid health homes for enrollees with chronic conditions. Shine a light on this- Encourage the state to apply. Opportunity for state to capture more money.

Review of Matrix-Several initiatives already in progress:

Some highlighted: **2706**-Hasboro very interested in ACOs, **2707-**Being looked at by lifespan, three stabilization units being opened by providers, **2951**-find out more, **2952-**Scratch off, **2953**-Look at handout, update at next meeting. Westerly looking at it. Agenda item for next meeting-

what HEALTH is doing for maternal health opportunities. **3013**-Find more info, QPRI, Quality institute, more than just the state. RICCC, are these kinds of opportunities particularly important or applicable for RI? **3026**- Dovetails with Quality Partners safe transitions programs? And RI hospital is doing similar activities. **3140-**Call to RI home and hospice. **3509**-Ask people from HEALTH. **4001-**Already out. Talked about at last meeting (first chunk of $$). Second $250 million info in packet. **4101-**Call this week about this (Thundermist in it), part of funds for establishment in defined areas. In this state-no new areas applying for funding to make them. But existing school based health centers looking to apply? At least Warwick/Westerly are-probably Providence, but that's likely to be it. Applications due this week.

4) Review of other states models for health reform implementation

- Chart provided by NCA. Different models
- Most seem to be established by executive orders. Question-is there any done legislatively? Or was it all by executive order? Lots of states have empowered some group to make decisions. How do we get out state to do that? No real executive authority behind these Work groups.
- As part of final report-our group could make recommendation so that RI is aware of these opportunities, facilitate communication, so that there would be a place for interested people to find out what government is considering, etc.
- Some basic things that seems like RI should be doing-can get from other states models.
- Need executive order/legislative initiative to direct the state to take advantage of opportunities for funding.
- This group should make recommendations to state about what opportunities to go after, say that we need more coordination.