

Rhode Island Medical Society

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Rhode Island's Health Benefits Exchange: Principles to Guide Design and Operation

The Patient Protection and Affordable Care Act requires that Health Benefits Exchanges be set up in each state to facilitate compliance with the Act's individual mandate and promote the expansion of affordable health insurance coverage to more of the population. The Rhode Island Medical Society supports the decision by the State of Rhode Island to exercise the State's prerogative to design its own Exchange in consultation with the community, rather than leaving this work by default to the federal government.

In seizing the initiative to construct its own Exchange, Rhode Island has the opportunity to build an exchange that serves the particular needs of our community. Toward those ends, the Rhode Island Medical Society recommends that the design and operation of the RI Health Benefits Exchange be guided by the following principles.

Design

- 1) The Rhode Island Exchange should strive for transparency, simplicity and efficiency. Such priorities will help inspire public confidence in the Exchange, attract broad participation and improve prospects for the Exchange to become self-sustaining in the future.
- 2) Actively practicing Rhode Island physicians and Rhode Island residents who use or will use the Exchange should be formally and systematically involved in the design of the Exchange, including the determination of benefits standards, quality standards and administrative standards both for the initial design of the Exchange and for its continual review and revision in the future.
- 3) The structure of the Exchange should include built-in provisions for processes of evaluation, revision and adjustment in light of experience gained and in response to changes in the environment of health care. The design of the Exchange should include mechanisms for redesign and improvement.
- 4) Rhode Island laws and regulations, existing and future, regarding managed care, patients' rights, patient protections, network adequacy, mental health parity, etc., should apply fully to all products offered through the Exchange. Patient protections and other provisions of Rhode Island law and regulation should not be undermined or supplanted by federal standards that offer less protection to patients and their physicians. The Office of the Health Insurance Commissioner should have the same jurisdiction and responsibilities with respect to products offered through the Exchange as those outside the Exchange.

Administration

- 5) Rhode Island patients and actively practicing Rhode Island physicians should be formally and systematically involved in the governance of the Exchange, including oversight of benefits standards, quality standards and administrative standards for quality and efficiency.
- 6) The patient care should be driven by the personal choices made by autonomous patients in consultation and collaboration with their physicians and/or other health care professionals.
- 7) Plans should provide incentives, e.g. through alternative payment models, to reward innovations in service delivery that enhance quality and affordability.
- 8) Uniform incentives, following national standards, should promote and reward effective use of health information technology. Plans offering products on the Exchange should be required to demonstrate a strong commitment to providing robust and practical technological training and support, including financial support, to medical offices and their staffs for the acquisition and successful application of health information technology.
- 9) The Exchange should permit and facilitate full access and involvement of insurance brokers as learned intermediaries to advise and assist individuals and companies in using the Exchange. (While the Exchange must be easy and intuitive for users, the choices available to consumers on the Exchange will inevitably entail tradeoffs. Users should be readily able to enlist professional advice in understanding and weighing choices and tradeoffs.)
- 10) Emphasis on user-friendliness and practical support, both for purchasers using the Exchange and for health professionals interacting with the plans offered on the Exchange, should be a constant guiding principle in the administration of the Exchange in order to attract, maintain and grow participation and thus assure the long-term viability and self-sustainability of the Exchange.

Quality assurance

- 11) Quality measures should be uniform across all plans. Measures should be selected from among those developed by national medical specialty societies and/or by the Physician Consortium for Performance Improvement and, where applicable, approved by the National Quality Forum. Plans should have a uniform and coordinated process for amending and updating quality measures.

Network contracting and market conduct

- 12) Actively practicing physicians and other health professionals should be systematically, routinely and meaningfully involved in the development, review and revision of policies regarding the payment of professional caregivers.
- 13) Physician participation in products offered on the Exchange should be a matter of individual free choice, encouraged by fair and equitable market practices to ensure adequate patient access. Participation should not be subject to indenture by such features as “all products” provisions or other artifices of plan contracting.

- 14) Network adequacy requirements should conform to state law and regulation in order to assure patient access. Network adequacy, in turn, should be the organic byproduct and manifestation of the equitable terms, policies and fees available to health professionals.
- 15) Plans offered on the Exchange must be required to provide reliable patient eligibility information in real time and guarantee that providers are held harmless in all cases where eligibility information provided by the plan is later found to be inaccurate or outdated.
- 16) To the extent payers offering products through the Exchange implement or contract for certain medical management strategies or tools, these must be uniformly structured across all payers, plans and products and efficiently administered so as to reduce administrative burdens and minimize disruption of patient care and workflow in the care delivery setting. Any and all such care management strategies and tools must be consistent with standards and quality measures selected from among those developed by national medical specialty societies and/or by the Physician Consortium for Performance Improvement and, where applicable, approved by the National Quality Forum.
- 17) Fee schedules for products offered through the Exchange should in no case be inferior to those associated with other commercial products offered by participating payers.

Evaluation and evolution

- 18) Patients and actively practicing Rhode Island physicians and other health professionals should be systematically, routinely and meaningfully involved in thorough, periodic review and improvement of the Exchange, its function, and the products offered through the Exchange. Criteria for evaluation and improvement should give priority to quality of care; patient-centeredness; administrative consistency and efficiency; equitability, stability and sustainability both of the delivery system and of the Exchange itself.