## Introduction

<table>
<thead>
<tr>
<th>Topics</th>
<th>Section 14: Health Spending Transparency Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Article 20</td>
<td>Sections 8 through 12: Affordable Care Act Provisions</td>
</tr>
<tr>
<td>New Article</td>
<td>Telemedicine</td>
</tr>
</tbody>
</table>
Affordable Care Act

- Affordable Care Act - 2010
  - Expanded access to insurance coverage
    - Medicaid expansion, family insurance to age 26, individual mandate and tax credit support
  - Increased consumer insurance protections
    - Preexisting condition & lifetime/annual cap limits
  - Emphasizes prevention & wellness
    - No cost sharing for preventive services
  - Addressed rising health costs
    - More premium oversight, comparison shopping in exchanges
Affordable Care Act

- Affordable Care Act - 2010
  - Establishes national minimum health insurance standards
  - Supersedes state laws that are otherwise in conflict
    - RI law established standards addressing similar items
  - Uninsured rate has decreased since 2010
    - Nationally decreased by 43%
    - RI decreased by 66%
Affordable Care Act

Rates of Uninsured

- National
- Rhode Island

Year: 2010 - 2018

- 2010: National - 15.5%, Rhode Island - 12.2%
- 2018: National - 8.9%, Rhode Island - 4.1%
Typically 3 classifications of private market health insurance plans

<table>
<thead>
<tr>
<th>Health Coverage Classification Types</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-group (Individual)</td>
</tr>
</tbody>
</table>

Many ACA provisions focus on individual & small group markets

- To address perceived market failures relative to large group plans
  - Limited access & higher costs
Guaranteed availability

- Updates RI law to reflect current federal law requirements
  - All in-state insurers must offer all individual market plans to eligible state residents
  - Accept upon application
  - Federal Law 42 USC 300gg-1

- Replaces RI pre-existing condition language
  - Prior coverage within 63 days, ineligible for Medicare, Medicaid, or COBRA reflects HIPAA standards
Codifies ACA requirements that all available plans be offered to all in individual market

- May include government subsidized plans

State law has more limited minimum policy offering requirements for individual plans

- At least 2 different forms of insurance w/different cost-sharing
ACA requires coverage of 10 essential health benefits

- More commonly available in large group
  - Advanced parity for individual/small group
- Benefits are categories, not services
  - Covered services can still vary state-to-state
- Essential health benefits also include services covered under prior state laws
- Art. 20 enumerates 10 items in RI law
  - Preserves status quo if federal change lowers standards
### 10 Essential Health Benefits

<table>
<thead>
<tr>
<th>Ambulatory Patient Services</th>
<th>Emergency Services</th>
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<tbody>
<tr>
<td>Hospitalization</td>
<td>Maternity &amp; Newborn Care</td>
</tr>
<tr>
<td>Mental Health, Substance Use Disorder, &amp; Behavioral Health Treatment Services</td>
<td>Preventive &amp; Wellness Services &amp; Chronic Disease Management</td>
</tr>
<tr>
<td>Prescription Drugs</td>
<td>Laboratory Services</td>
</tr>
<tr>
<td>Pediatric Services, Including Oral &amp; Vision Care</td>
<td>Rehabilitative &amp; Habilitative Services</td>
</tr>
</tbody>
</table>
Article 20, Sections 8-12 – ACA Provisions

- ACA requires Large Group plans cover preventive care without cost-sharing
  - US Preventive Services Task Force (predates ACA) reports/recommends annually
    - Services rated A or B covered by the ACA
- Article 20 codifies no cost preventive coverage in RI law by reference
  - 42 USC 300gg-13
  - Gives OHIC authority to issue guidance on future Task Force recommendations
    - Upon repeal of the ACA
ACA permits insurers to restrict enrollment periods to

- 30 to 60 day open enrollment period
- Special enrollment consistent with federal regulations in effect on Jan. 1, 2020

Article 20 codifies this in RI law

- Also make technical corrections
  - Reference to Commissioner vs DBR Director
Assess up to $1 per “contribution enrollee” on entities providing health insurance

- Contribution enrollee is a covered life
  - Excludes Medicare, local government employers, & non-profit dental
  - Includes state employer plan & Medicaid
  - Same assessed base as Health Care Services Funding Plan Act
- To be assessed Oct. 1, 2020
- Due Jan. 31, 2021 & annually thereafter
- Provides for refund or credit of overpayment
RI Health Care Cost Trend Project

- Non-profit Peterson Center on Healthcare
  - $1.3 million through Brown University – ends 3/21
- RI Cost Trend Steering Committee
  - Collaboration of OHIC, EOHHS, private stakeholders

- Target a per capita spending growth rate
- Executive Order 19-03 set the target for 2019 through 2022 at 3.2%
### Components

<table>
<thead>
<tr>
<th>Components</th>
<th>Estimates</th>
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<tbody>
<tr>
<td>Expected growth in national labor force productivity</td>
<td>1.40%</td>
</tr>
<tr>
<td>Expected growth in the state civilian labor force</td>
<td>+ 0.00%</td>
</tr>
<tr>
<td>Expected national inflation</td>
<td>+ 2.00%</td>
</tr>
<tr>
<td><strong>Nominal potential gross state product</strong></td>
<td>= 3.40%</td>
</tr>
<tr>
<td>Expected state population growth</td>
<td>- 0.20%</td>
</tr>
<tr>
<td><strong>Potential per capita gross state product for Rhode Island</strong></td>
<td>= 3.20%</td>
</tr>
</tbody>
</table>
Sec. 14 – Health Spending Transparency & Containment

- Establishes program required to
  - Use data to determine causes of spending increases & create actionable analysis
  - Maintain growth target & compare actual performance
  - Report policy recommendations annually

- Creates a restricted receipts in EOHHS
  - Requires advice & coordination of OHIC
  - Expected to yield $0.6 million
    - Governor’s budget doesn’t account for expense
Governor requested a number of amendments this week:
- Target compliance is voluntary
- Assessment sunsets July 1, 2026
- Clarifies assessment of up to $1 is based on anticipated spending
  - Overpayments credited to next year
- Open meetings required for input and comment prior to recommendations
- Corrections to language & references
Telemedicine is 2-way audiovisual service or store & forward technology used to provide health care services remotely

- Cost-sharing permitted
- May be from a patient’s home or alternative site agreed upon by provider & insurer
- Applies to all polices issued after Jan. 1, 2018
New Article - Telemedicine

- Article expands access & coverage to telemedicine on a term-limited basis
  - Removes some prior authorization requirements
  - Includes telephone audio-only service
  - Provides for provider reimbursement at same rates to in-person
  - Prohibits cost-sharing in excess of in-person rates (in-network)
- Permanently repeals provider/insurer limitations on sites
New Article - Telemedicine

- Article continues many provisions in place via Executive Order 20-06
  - Subsequently extended by 20-42 & 20-52 through Aug. 2, 2020
- Cites medical appropriateness or necessity for services
  - May be subject to terms and conditions of insurer/provider agreement
- Establishes similar, permanent provisions for services under Medicaid
# New Article - Telemedicine

<table>
<thead>
<tr>
<th>Provisions</th>
<th>Current Law</th>
<th>Until 6/30/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Telemedicine means</td>
<td>2-way audiovisual services or store &amp; forward technology</td>
<td>Adds audio-only telephone</td>
</tr>
<tr>
<td>Co-payment, deductible or co-insurance</td>
<td>May impose; no rate in statute</td>
<td>May not impose in excess of in-person rates (in-network)</td>
</tr>
<tr>
<td>Technology</td>
<td>Not specified</td>
<td>Health insurer cannot impose specific requirements for delivery method</td>
</tr>
</tbody>
</table>
## New Article - Telemedicine

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<th>Provisions</th>
<th>Current Law</th>
<th>Until 6/30/2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medically Appropriate Coverage</td>
<td>May be subject to insurer/provider agreement</td>
<td>To consider an existing health emergency</td>
</tr>
<tr>
<td>Prior Authorization</td>
<td>Not specified</td>
<td>In-network &amp; behavioral health Not subject</td>
</tr>
<tr>
<td>Utilization Review</td>
<td>Not specified</td>
<td>Same as in-person visit</td>
</tr>
<tr>
<td>Reimbursement Rates</td>
<td>Not specified</td>
<td>Same rate as in-person visit</td>
</tr>
</tbody>
</table>
Establishes Stakeholder Advisory Group

- Insurers required to report telemedicine data to OHIC
  - Medicaid providers report to EOHHS
- Group charged to
  - Review current status of telemedicine
  - Develop recommendations over a specific scope
  - Report to the Assembly before Jan. 2021
    - Strategies, metrics, safeguards, barriers, inclusion of additional provider types, policy alignment across provider types
CMS which regulates state Medicaid programs allows for telehealth coverage.

- States already have the option to:
  - Determine whether or not to use it
  - Decide what services are covered
  - How it will be implemented
  - Who can deliver the services via telehealth

- Must pay the same amount as a face to face visit
CMS is encouraging changes to state Medicaid programs in response to the pandemic.
- Includes expanding telehealth services
- Conduct telehealth with patients located in their homes
- Both video and audio-only

RI does not need to make any changes to implement this policy.
Benefits are eligible for telephone-only services for primary & behavioral health care services including:

- Behavioral health services, mental health assessment & crisis services
- Home and hospice assessments, case management/care coordination services
New Article Telemedicine - Medicaid

- Article mandates that Medicaid cover the services just like commercial plans
  - Including no prior authorization for telemedicine services though 6/30/2021
    - Medicaid already pays for these services & does not require prior authorization
- Includes EOHHS in the stakeholder group
- Departure from current practice on specifying certain Medicaid benefits in state law
Limited information on utilization thus far for Medicaid
- Cost impacts?
- Outcomes?
Suspends until June 30, 2021 all prior authorization requirements for all in-network non-pharmacy COVID-19 diagnostic & treatment services
  - Prevents entities from instituting other retroactive review policies

Unrelated to Telemedicine
Governor’s FY 2021 Budget: Articles

Staff Presentation to the House Finance Committee
July 15, 2020