



**Rhode Island Health Care System Planning Cabinet  
EOHHS Independent Advisory Council  
Joint Meeting Agenda**

**May 8, 2025 – 11:30 am to 1:00pm  
Department of Administration, Conference Room 2B/C  
Providence, RI**

<b>Cabinet Members:</b>	<b>Agency:</b>	<b>Present</b>
Secretary Richard Charest	Executive Office of Health and Human Services (EOHHS)	Yes
Assistant Secretary Ana Novais	EOHHS	No
Director Kristin Sousa	Medicaid Program	Yes
Director Jerome Larkin, MD	Rhode Island Department of Health's (RIDOH)	Yes
Director Kimberly Merolla-Brito	Department of Human Services (DHS)	Yes
Director Richard LeClerc	Department of Behavioral Health, Developmental Disabilities, and Hospitals	Yes
DCYF Director Ashley Deckert	Department of Children, Youth and Families (DCYF)	Yes
Director Matthew Weldon	Department of Labor and Training (DLT)	No
Commissioner Shannon Gilkey	Office of the Post Secretary Commissioner (OPC)	No
Director Maria Cimini	Office of Health Aging (OHA)	Yes
Director Lindsay Lang	HealthSource RI (HSRI)	Yes
Commissioner Cory King	Office of The Health Insurance Commissioner	Yes
Director Kasim Yarn	Office of Veterans Services	No

**EOHHS Independent Advisory Council Members Present:**

Beth Lange, MD, PCMH Kids  
Elena Nicoletta, President/CEO, RI Health Center Association  
Ed McGookin, MD, President of Brown Health Medical Group Primary Care and Chair of the Cost Trends Steering Committee  
Larry Warner, United Way & Governor's Behavioral Health Council  
Nelly Burdette, Chief Clinical Officer, Care Transformation Collaborative RI  
Nicholas Oliver, Executive Director, RI Partnership for Home Care  
Peter Pogacar, MD  
Sam Salganik, Executive Director, RI Parent Information Network  
Sandra Victorino, Care New England  
Sandy Valentine, Executive Director, RI Cares  
Stacy Paterno, Executive Vice President, Rhode Island Medical Society  
Tanja Kubas-Meyer, Executive Director, RI Coalition for Children and Families  
Tonya Glantz, RIC Institute for Education in Healthcare  
Zack Neider, Director of Healthy Communities, Rhode Island Foundation  
Peter Marino, Neighborhood Health Plan of Rhode  
Rilwan Feyisitan Jr, EBCAP  
Shamus Durac, RIPIN

**Public and Community Partners Present In Person or Virtually:**

Any Nunn, PhD, RI Public Health Institute  
Beth Bixby, Tides Family Services  
Barry Fabius MD, CMO for United Healthcare  
Brad Conway, American College of Gastroenterology  
Chris Bush BCBSRI  
Frank McMahan, Leading Age of RI  
Jason Buxbaum, Brown University  
Jess Brown, Faulkner Consulting Group  
Matt Gunnip, SEIU Local 580  
Michelle Muscatello, Delta Dental of RI  
Nancy Wolanski, United Way  
Susan Jacobsen, Thundermist HEZ  
Kristin Lehoullier, Elevated Results Inc.

**State Staff Present In Person or Virtually:**

Allegra Scharff, RIDOH  
Blythe Berger, RIDOH  
Cathy Schultz, EOHHS  
Charlie Estabrook, OHIC  
Chris Ausura, RIDOH  
Cindy Singleton, EOHHS  
Ellie Robinson, EOHHS  
Fernanda Lopes, RIDOH

Joseph Wendelken, RIDOH  
Kristine Campagna RIDOH  
Libbi Ethier, EOHHS  
Liv King, EOHHS  
Manny Ortiz, RIDOH  
Marti Rosenberg, EOHHS  
Michael Cronan, EOHHS  
Mike Dexter, RIDOH  
Michelle Brophy, BHDDH  
Rick Brooks, EOHHS  
Samuel Ogundare, RIDOH  
Sandra Powell, EOHHS  
Staci Fisher, MD, RIDOH

### **Welcome and Review of the Minutes**

- At 11:32am, Secretary Charest welcomed in-person and online attendees to the Rhode Island Health Care System Planning Cabinet and EOHHS Independent Advisory Council Joint Meeting. After reviewing the March minutes, he called for a motion to approve. Director LeClerc moved to approve the minutes, Director Cimini seconded the motion - and all were in favor.
- The Secretary shared that while the EOHHS team is continuing to focus on longer-term health care efforts, as part of the Governor's Executive Order, since the March meeting, the staff has also continued to pursue crisis planning efforts. The first Primary Care Crisis Planning Team meeting took place in April, and it was proposed to meet every two weeks. Since that meeting would have been held this week, there will be a significant focus on Primary Care needs at this meeting.
- Marti Rosenberg, Director of the Office of Health Care System Planning (OHCSP), shared the activities tracker, outlining what the State and others are undertaking. The key is to define the crisis we are dealing with as a public-private initiative, not just from a State's stance. Therefore, EOHHS has invited a number of our private and public partners to present at the meeting, to share their perspective on the primary care crisis and what activities they are pursuing.

### **Dr. Peter Pogacar, the President of the Rhode Island Chapter of the American Academy of Pediatrics, delivered a presentation focused on Primary Care.**

- Primary Care positions are internal medicine, family medicine, and nurse practitioners.
- Discussed the possibility of a primary care revolution since there is an exciting movement with the Governor's plan, the Governor's comments at his recent press conference on state action to support primary care including the direct grants and loan repayments to be offered by Medicaid, and the bills coming through Rhode Island's General Assembly.
- Recommended actions:

- Determine how to make providers sustainable, better payment from commercial payers, and Medicaid to be paid at about 130%
- Suggested supporting a bill that's moving through the legislature and look at the rate review due to the embarrassing situation in the State where we have a commercial payer that generally pays less than Medicaid pays.
- Pediatric care needs to be paid at a reasonable rate that is sustainable. Not paying less than Medicare. One avenue would be to increase the payment; another would be to recognize the CMS 2211 code, an add-on code for primary care costs. You must pay for the care that your subscribers are getting.
- Dr. Pogacar also noted that Bright Futures is essentially the pediatrician's guidelines for what we must do at each well-care visit and with the number of screenings that are suggested, it's not manageable to bill these individually, as they are now required to do. He encouraged advocating for one Rhode Island code for doctors to use for all the screenings they do, instead of billing individually.
- He concluded, saying that the patient should be the center. Good pediatric care creates healthy adults without high blood pressure, obesity, or diabetes problems

#### **Primary Care Mini-Grant Funding**

- Libby Ethier of EOHHS/Medicaid shared details about Medicaid's Primary Care Mini-Grant program, as part of the state's response to addressing the primary care crisis in the state.
  - \$5,000,000 in funding is secured for a one-time mini-grant opportunity.
  - Three tiers are offered for the applicants:
  - Tiers 1 and 2 are open to current Medicaid providers. Tier 1 is up to \$75,000 per practice, and supports increasing the panel size of primary care practices. Organizations with multiple practices are encouraged to apply at the practice level and there are different metrics based on the size of the practice that you must ensure are commensurate with the size of your practice.
  - For Tier 2, the proposed amount is up to \$300,000 per practice, allocated for recruitment and provider retention.
  - Tier 3, valued at \$ 5,000, is open to non-Medicaid providers as an incentive to become a Medicaid provider. The provider would be required to show proof of successful Medicaid enrollment.
  - Applications are due May 16th. Elizabeth provided information in packets about details on the permissible uses of funds, reporting requirements, and information on special populations that would boost Medicaid's rating.

#### **Health Information Exchange**

- Sandra Powell, Deputy Director of the Office of Health Care System Planning, and Liv King, the State HIT Coordinator with EOHHS, described the efforts to improve and upgrade Rhode Island's Health Information Exchange (HIE) to make it easier for Primary Care practices to integrate it into their normal workflow.

- The new system went live on May 1<sup>st</sup>. About 99% of patients are expected to participate, as patients must opt out. In contrast, the old model required patients to opt in.
- From a practitioner's standpoint, the HIE is free because it's funded by payers (while there is a cost in other States). To participate, a provider must set up an account must be set up, and must share their provider's patient panel with the system.
- The information helps issue discharge notifications, which inform providers about what happens to their patients when they are discharged from a hospital - either to another facility or to home.
- Previously, the discharge notification service was associated with an additional fee, but it is not now. This is a unique value to Primary Care.
- Eventually, lab results and imaging results will also be accessible to primary care practices through the HIE, with the goal to make the system simpler and ease a bit of administrative burden.
- Ms. King invited participants to join the state's next HIT Steering Committee Meeting on May 15<sup>th</sup>, where there will be an in-depth look at the HIE.
- Ms. Paterno from the RI Medical Society announced that the Rhode Island Quality Institute Clinical Advisory Committee met this morning and previewed the new HIE system. There was a great deal of productive dialogue, but it would be extremely helpful if physicians could beta-test the new system and provide their feedback. If anyone is interested in participating, the Rhode Island Quality Institute Clinical Advisory Committee is happy to connect with them.

#### **Stacy Paterno, the Executive Vice President of the Rhode Island Medical Society**

- Ms. Paterno began by noting that there has been significant volatility in healthcare utilization, inflationary pressures, and changes in the drug market.
- Primary care is struggling with reimbursement. The first step is just acknowledging that we're in a crisis in the state of Rhode Island. We need to acknowledge that we're on the verge of collapse in this state, and we require public, data-driven statements that acknowledge primary care is at risk. In a private practice, a student in a fellowship program was leaving Rhode Island because her salary was going to be 6 figures, which was higher than that of the allergist who was her mentor.
- Ms. Paterno suggested that Rhode Island needs to model what Massachusetts did with its Health Policy Commission report on primary care. She noted that one of the things that we can do right now is pass critical prior authorization reform legislation this session. Currently, it has already passed the Senate. We need it to pass the House, and we need it to be supported by everyone in this room. It would lift prior authorization on primary care practices
- Ms. Paterno said: "What I've heard from our members is that it's not just reimbursement; it's also the practice environment at risk.... Primary care physicians are at a higher risk of burnout than physicians in other specialties, largely due to the significant administrative burden placed on them." She encouraged thinking of ways to reduce the burden.

- She suggested:
  - Passing the pharmaceutical interchange legislation to help alleviate practices and allow therapeutic substitutions at the pharmacy level.
  - Supporting proposals to support pediatric health.
  - Quickly looking at all medical rates instead of only reviewing primary care rates.
  - Declaring primary care as a strategic priority and assign clear responsibility for monitoring things like practice closure, network gaps, wait times, and access trends.
  - Creating a rapid response framework for future disruptions and mitigation plans for reductions in primary care and service availability.
  - Investing in physician retention through loan repayment. The Governor has \$200,000 in his budget that can be matched to offer \$400,000. However, there is the ability to request up to \$1,000,000 at the State level to put toward loan repayment from the State. Typically, what's happened in the past is that there have been no state contributions, but private contributors have helped us get that program funded.
  - Modernizing care delivery models, considering team-based care and telemedicine with accountability. She noted: “As we monitor the rise of concierge, virtual-first, and subscription models of practice, we need to remove administrative frictions from referral loops once again. Unnecessary authorizations push providers out, and another thing we must consider is that Massachusetts is already moving quickly on many of these issues. They're going to modernize their policy and stabilize access. Rhode Island should act urgently, or we will be further behind. We are losing many of our positions to the state of Massachusetts.”

**Sam Salganik, Executive Director of the RI Parent Information Network (RIPIN)**

- Mr. Salganik emphasized the importance of navigating special education, accessing healthcare, and obtaining health insurance.
  - Last year, \$160 million in funds were appropriated for the behavioral health and social service rate review, which did increase social services.
  - Regarding the proposed primary care rate review this year, he stated that primary care is not the same as Medicaid funding and social services. OHIC should consider designing a review process explicitly tailored for Primary Care needs. For example, social and human services are financed mainly by Medicaid. For adults, it might be 20% of the revenue is coming from Medicaid, but this is not a Medicaid-only problem.
  - Mr. Salganik noted that the challenge lies in the way we invest in Primary Care relative to other clinical services. Ground-breaking work has driven investments into Primary Care over the past decades, and now we work with regulations that took effect recently. For Medicaid, it was about specific reimbursement rates for specific codes.

- Finally, Mr. Salganik raised a concern about proposals currently in the legislature, specifically the two-year cycles of social services, which occur in odd years, and Primary Care, which occurs in even years. He stated, “We're not just talking about what the rate is for whatever the code might be. It's a lot more complicated than just setting reimbursement rates. It's about providing high-quality care.”

### **Cory King, Commissioner of the Office of The Health Insurance Commissioner (OHIC)**

- Commissioner King made a number of comments on how his office is addressing the primary care crisis. First, in response to Dr. Pogacar, he committed that OHIC would look at CMS code 2211.
- Related to the rate review, he stated that the legislature may decide they want to appropriate funding for primary care reimbursement increases or all physician reimbursement increases this session. OHIC is not part of that deliberation.
- He also explained that the rate review is a lot more than a study. OHIC collects data from providers to understand their actual costs, and then they create models to determine the appropriate reimbursement rate. In the case of primary care, Commissioner King noted that he is committed to examining payments that are not reimbursement-based but are more prospective in nature, such as care-to-coordination payments. On the PMPM (Per Member Per Month) basis, that's part of the whole package. OHIC presents the model, and then it's tested and examined before the final decision. Ultimately, OHIC is the final decision-maker.
- Finally, Commissioner King shared two activities that OHIC is undertaking in the next few months:
  - OHIC is preparing on a primary care expenditure report, which will be published tentatively this summer.
  - He stated, “An earlier observation about the care coordination payments paid under this broader consensus around value-based payment. A decade ago, there was a consensus around value-based payment. What it looked like as a set of models and how it would evolve over time, and post-pandemic, in the face of significant disruptions. In healthcare utilization, inflationary pressures are affecting the drug market, leading to significant volatility. I believe the consensus is breaking down, and we need to rebuild a new consensus for the future.”
  - Therefore, OHIC is convening a Payment and Care Delivery Advisory Committee, as required by our regulations, to collaborate with stakeholders and develop a new consensus on how to structure value-based payment in a manner that aligns with OHIC's vision to make primary care practice sustainable with predictable funding. Rhode Islanders shouldn't have to rely on variable shared savings distributions from one year to the next to ensure that our physicians and their teams are adequately compensated.

### **Update on the Primary Care Response**

Then, Marti Rosenberg concluded the presentations by reviewing a list of activities undertaken by the state and others, to address the primary care crisis. She noted the following:

- Governor McKee made a primary care announcement in his press release, which included accelerating a primary care review. Commercial health insurance is required to increase funding for primary care reimbursements.
- According to OHIC's regulation, prior authorization requirements will be eased by 20%.
- New investments have been made in the loan repayment and mini-grant programs.
- EOHHS is pursuing fiscal transparency legislation, which would require hospitals, nursing homes, health centers, and doctors' practices to submit unaudited financial statements to EOHHS for review. Twenty-three other states have enacted these types of fiscal transparency legislation. The idea is that unaudited financial statement data does not have to wait for the months it takes to get audited financial statements. Secretary Charest noted, that "we intend our focus to be collaborative and to bring additional funds into the state to support distressed organizations. If there had been earlier notice, different outcomes might have been achieved. Engagement will be more proactive with organizations to develop a collaborative plan that helps them overcome their struggles." He concluded: Ultimately, the goal is to have an improved system modeled after New York's, which has funds available to assist organizations struggling to improve their situation.

#### **Public Comment**

- Several participants commented on the importance of the meeting's discussion – focusing on the need to bring the executive and legislative branches closer together to address the primary care crisis.