

State of Rhode Island Office of the Health Insurance Commissioner
Health Insurance Advisory Council
Meeting Minutes
February 20, 4:30 P.M. to 6:00 P.M.
Cranston Public Library – Central Library
140 Sockanosset Cross Road
Cranston, RI 02920

Attendance

Members

Co-Chair Commissioner Marie Ganim, Co-Chair Stephen Boyle, Ruth Feder, Lisa Tomasso, Al Charbonneau, Sam Salganik, Karl Brother

Issuers

Richard Glucksman, Blue Cross & Blue Shield of RI
Gus Manocchia, Blue Cross & Blue Shield of RI
Lauren Conway, UnitedHealthcare
Liz McClaine, Neighborhood Health Plan of RI

State of Rhode Island Office of the Health Insurance Commissioner Staff

Cory King

Not in Attendance

Teresa Paiva Weed, Vivian Weisman, Gregory Allen, Bill Schmiedeknect, Hub Brennan, David Katseff

Minutes

1. Welcome and Review of December Meeting Minutes

Commissioner Ganim called the meeting to order and welcomed all Health Insurance Advisory Council (HIAC) members and others in attendance.

The minutes from the December 19, 2017 HIAC meeting were accepted unanimously with no changes.

2. Introduction of Council Members and OHIC staff

This HIAC meeting served as the Office's Quarterly Public Comment session. For the benefit of the members of the public in attendance, council members and OHIC staff each introduced themselves and gave a brief description of their role.

3. OHIC's Mission, Duties, and Responsibilities

Commissioner Ganim spoke briefly on the mission, duties, and responsibilities of the Office of the Health Insurance Commissioner, focusing on OHIC's four major areas of work: consumer protection; laws, regulations and enforcement; health plan form and rate review; and healthcare reform and policy.

4. Report on HealthSource RI 2018 Open Enrollment

John Cucco, Director of Strategy and SHOP for HealthSource RI, gave a presentation on the results of the 2018 Open Enrollment period. This presentation is available on the [OHIC website](#).

5. Report on Healthcare Session at the SBA Economic Summit

The Small Business Administration's annual Economic Summit was held on January 16 at Bryant University. Commissioner Ganim, HealthSource RI Director Zach Sherman, HIAC co-chair Stephen Boyle, and HIAC member Al Charbonneau participated in the Summit's Health Care breakout session, along with several other members of the business and economic policy community. Topics discussed included:

- Proposing legislation to authorizing the Health Insurance Commissioner to request a 1332 waiver from CMS allowing sole-proprietors, S-corps and corporations where the only employees receiving health insurance are the owners to purchase group health insurance.
- Allowing spouse and dependents of Medicare-eligible employees, when that employee enrolls in Medicare, to remain on the employee's group health insurance policy at the option of the employer.
- Addressing "surprise billing" (also known as "balance billing") and facility fees
- Requiring an economic impact and/or cost/benefit statement accompany any proposed healthcare legislation
- Addressing the concern that many individuals eligible for COBRA upon termination of employment are not aware that accepting COBRA will render them ineligible to purchase a plan from HSRI until the next Open Enrollment period.

6. Public Comment

Ruth Stemp: I'd like to speak concerning my experience with Neighborhood Health Plan and, especially, HealthSource Rhode Island from May to December of 2017... It was not a good experience. From Neighborhood Health Plan and the health care, etc, that was all fine. My experience with [HealthSource RI], that was not fine. And it was so not fine that starting in January I could have stayed with them at a lower cost, a significantly lower cost, and I chose not to. Instead, I now have an individual policy with Blue Cross. I'm 62, retired when I was 60. I had COBRA for 18 months and then I had NHP for 6 months and now I've decided to go with Blue Cross which, as I said, is extremely expensive. Even though it is costing more, for my peace of mind, my sanity, and my overall health, I had to leave HealthSource Rhode Island because of the terrible experience. I joined up, I met with the [navigator], she was lovely, but when she was trying to sign me up, instead of it taking 1 hour, it took three separate meetings of

two hours each, with numerous phone calls in between. She would call HealthSource Rhode Island with questions, with things not being right in the computer, and she left the phone on speaker so I could hear or if they needed to speak to me. She would call one person and they would say one thing, then she would call HealthSource Rhode Island, speak to another representative who would say the exact opposite. I know she told me they were not encouraging the navigators to call supervisors but finally she had to, and it was so complicated and so unbelievable – this was the first experience I had signing up with them – and it truly was shocking to me. I was actually a community medicine psychiatrist for a number of years so I've seen a lot of very strange and shocking stuff but this was really crazy. Finally I got enrolled and everything was okay until in October, I decided to not belong to the dental part which came from Blue Cross, but with HealthSource Rhode Island I paid the bill to them along with the medical care with NHP. I called them, I notified them, they sent me a letter the next day acknowledging that and I didn't pay the bill for my dental care for the next month. So the next month I get the bill from them and they've put in the cost of the dental care. And then they said when they went in my record to change it because I was deleting the dental care, they saw I had signed up for social security. In October I turned 62 and I signed up for Social Security. They from, I don't know where, decided "Oh, she has Social Security, she's been getting it the whole year." Well, although I turned 62 in October my first and only payment for 2017 was in December. At that time I hadn't gotten any payments, I was only going to get one for the year, I called my navigator and told her that and she said that should not affect my tax credits. So they just decided "oh, she's been getting it the whole year so she doesn't get any tax credits." So on the bill for November, they added the dental care for November, and for some reason the November bill also included the December bill, I'm not sure why. So they added two months of the dental care-which they themselves sent me a letter, and I have everything here, I have a large folder- that I no longer have dental care from them. Plus, they billed me for two months of tax credits, they took it away from me. So that was the beginning of 3 months of just bad. I can't even tell you, I called so many times, I ended up calling the Attorney General, ended up calling RIREACH, and it took about 3 and a half months for them to finally acknowledge that they made most of those mistakes and I had documentation of everything. The extra money was there mistake and I had to pay it, because they said "if you don't pay what's on the bill, we can't change the bill." And I said, "what do you mean you can't change the bill, every company can change the bill." And they said "no, once it's out, that's it. If you don't pay it, we're going to stop your insurance." I guess for November and December you won't have any insurance, even if you don't pay just the dental part, you won't have any insurance. And they acknowledged that, yes, in their computer it said she has called us and informed us that she no longer wants the dental insurance. So I ended up paying it was an overage of almost \$400 for HealthSource Rhode Island to fix mistakes, that they acknowledged were their mistakes, I did nothing wrong, I had to pay that money and until I got the refund back about the end of January, it just was an enormously frustrating experience and although I told them do not sign me up for 2018, because they started sending me all these things, we want you back for 2018, and I called when I got the first piece of mail saying I do not want to be with you in 2018. Despite that, they keep sending me more and more mail which costs taxpayers money, and I called the guy and said "put in my record that I will not be getting my healthcare from you." Apparently, they can just re-up you even if you don't—that's what it said, you will be automatically re-upped and I wanted to make sure that didn't happen and I called and I had it documented, and they sent me a bill for January and they deducted what they owed me from that bill,

only I wouldn't be getting any service from them in January so that did me no good. It just seemed as if one person was not talking to another, there was no communication among—I don't know how HealthSource Rhode Island is run but there was absolutely no communication from one person to another. And again, I had the same experience that when I would call and speak to the representative I frequently got incorrect information, conflicting information, opposite information. And all in all it cost me a huge amount of stress, sleepless nights, anxiety and just general frustration because I felt like I was dealing with some crazy, out of control institution and there was nothing I could do about it. That's why this year I have chosen to pay \$100-\$150 a month more just to have peace of mind that I don't have to deal with HealthSource Rhode Island. And not working now and being on a very limited income, I think that's pretty pathetic and disservice to the taxpayers. Thanks.

Next Meeting

The next meeting of the Health Insurance Advisory Council will be Monday, March 12, 2017, from 4:30 – 6:00 PM at the State of Rhode Island Department of Labor and Training, 1511 Pontiac Avenue, Building 73-1, Cranston, RI 02920-4407.