

State of Rhode Island Office of the Health Insurance Commissioner
Health Insurance Advisory Council
Meeting Minutes
April 17, 2018, 4:30 P.M. to 6:00 P.M.
State of Rhode Island Department of Labor and Training
1511 Pontiac Avenue, Building 73-1
Cranston, RI 02920-4407

Attendance

Members

Co-Chair Commissioner Marie Ganim, Co-Chair Stephen Boyle, Ruth Feder, Teresa Paiva Weed, Al Charbonneau, Sam Salganik, Vivian Weisman, David Feeney, David Katseff, Hub Brennan, Karl Brother, Deb O'Brien

Issuers

Avital Chatto, Blue Cross & Blue Shield of RI, Carolyn Rush, Neighborhood Health Plan of Rhode Island

State of Rhode Island Office of the Health Insurance Commissioner Staff

Marti Rosenberg, Cory King

Not in Attendance

Gregory Allen, Bill Schmiedeknecht

Minutes

1. Welcome and Review of March 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 March 12, 2018 HIAC meeting were accepted unanimously with no changes.

2. Announcement of Market Stability Workgroup

Commissioner Ganim announced the formation of a new Market Stability Workgroup charged with putting forth recommendations for state action to protect insurance affordability. The Workgroup is jointly facilitated by OHIC and HealthSource RI with membership comprised of business community, insurer, provider, and consumer representatives. The Workgroup's timeline is to propose recommendations by early June in case those recommendations require legislative action.

The Commissioner also announced the addition of new HIAC member Deb O'Brien, President and Chief Operating Officer of the Providence Center.

3. SIM Sustainability

State Innovation Model Director Marti Rosenberg provided an update on the SIM project. There are 14 months left of the SIM grant. Procurements have been completed, and SIM is now in the process of writing a new operational plan due by May 1.

Marti spoke to sustainability of SIM efforts beyond the grant period. Sustainability work is connected to formal evaluation, which is already underway for certain SIM projects. However, Marti pointed out that sustainability does not necessarily mean keeping SIM or specific SIM projects running as they are now, but rather focusing on sustaining the overall work of health system transformation including integration and alignment and population health efforts. SIM is exploring ways to potentially fund these broader efforts and specific programs where it makes sense.

Teresa Paiva Weed said she would stress that sustained funding for community health worker programs currently supported by SIM is "critical." Marti remarked that groups are working now to explore sustaining this and other programs.

4. RIREACH Consumer Update

Sam Salganik updated the Council on RIREACH consumer assistance activities for the previous month. He noted that RIREACH has begun tracking behavioral health issues and found the number of those issues to be low. He said he suspects this indicates that RIREACH needs to improve outreach to the right communities and that RIREACH is working with Mental Health Association of RI on their Parity Initiative.

Asked about common themes of RIREACH calls currently, Sam replied that the biggest category of calls revolved around issues with UHIP/Bridges.

5. Premium Rate Study

Cory King gave a presentation on a study recently commissioned by OHIC that sought to compare Rhode Island insurance premiums to those of other states. Cory stressed the difficulty of doing such a comparison, that comparing commercial health insurance premium rates between states is not straightforward as states have different benefit mandates and other factors. OHIC's actuarial consultants conducting this study attempted to control for these differences as much as possible. However, Cory stressed a number of caveats and that the information from the study was mostly "directional."

Having pointed out the caveats and limitations of the study, Cory presented some of the findings. Overall, Rhode Island rates appeared to compare favorably to rates from other states in New England and the Mid-Atlantic. The premium study compared premiums for a set of specific plan designs in the individual and small group markets to similar plans in Massachusetts, Connecticut, Maine, New Hampshire, and Vermont. OHIC also analyzed premium data collected by the federal government as part of the risk adjustment program.

Several HIAC members asked about potential confounding factors – differences in average/per capita incomes between states, differences in population size and density, among others. Cory again stressed that the findings were purely directional, and an attempt for OHIC to get a broad sense of how Rhode Island rates compare to other states in the region. Council members also pointed out that even if Rhode Island premium rates compared favorably to other states, they were still not adequately affordable for too many Rhode Islanders.

6. 2018 Form and Rate Review Update

Commissioner Ganim announced a recent decision by OHIC in response to Congressional action suspending collection of the Health Insurance Tax for all of 2019 – OHIC is working with insurers to make sure large groups see a rate decrease reflecting this suspended tax as soon as possible, and small groups will begin to see the decreases as they renew beginning in October of 2018.

For form and rate filings, Cory announced that revised 2018 small and large group rates are due to OHIC by April 27; 2019 major medical rate and form filings are due May 15; and 2019 dental filings due June 15. OHIC staff will continue to update the HIAC as the form and rate review process progresses.

7. Legislation and Policy Updates and Discussion

Commissioner Ganim mentioned that OHIC had had its budget hearings as part of the Department of Business Regulation before both the House and Senate Finance Committees. One highlight was OHIC being able to reduce state funding in its budget by seeking federal matching funds from Medicaid.

The Commissioner went on to briefly discuss some legislation of interest to OHIC. A bill that would require that copayments for certain routine behavioral health services not exceed the copayment level for primary care has been introduced on behalf of Governor Raimondo, sponsored by Senator Seveney and Representative Diaz. The Commissioner testified at the hearing on this parity measure in the Senate Health and Human Services Committee.

Teresa Pavia Weed noted that there were many bills like this one currently before the General Assembly dealing with copays and deductibles. She questioned what it would mean if all of those bills were to pass, since one of the major differences between commercial health insurance plans is how copays and deductibles are structured. She asked if all of the bills were to pass, what would be the difference between the plans? She also asked what the cost impacts in terms of premiums might be.

The Commissioner replied by noting the difference between the bills that sought to reduce or eliminate copays and deductibles for specific diseases or conditions and the bill to match behavioral health copays with primary care, the latter being an effort to ensure parity which is already required under state and federal law.

Steve Boyle added that this came up during the health care committee meeting at this year's SBA Economic Summit in January, with the business community asking that any proposed health care legislation have some sort of accompanying fiscal analysis of potential cost impacts.

Al Charbonneau pointed out that a law enacted in January, 2014 requires cost/benefit statement for any new benefit mandates proposed, but this law has never been applied.

David Katseff asked about the status of any bill or bills addressing surprise billing. The Commissioner responded that there are 4 bills currently and they have all been heard once, but none have been heard a second time. Sam said he got the sense that the surprise billing legislation before the General Assembly this year is very similar to legislation that has been submitted for the last several years. Teresa mentioned that she understood that surprise billing was not a huge problem in Rhode Island, with very few actual cases. Sam confirmed this, estimating that RIREACH gets approximately 10 cases per year.

8. Public Comment

No members of the public offered comments.

Next Meeting

The next meeting of the Health Insurance Advisory Council will be Monday, May 14, 2018, from 4:30 – 6:00 PM at the Lifespan Community Health Institute, 335R Prairie Avenue, Suite 1B, Providence, RI 02905.