

State of Rhode Island Office of the Health Insurance Commissioner  
Health Insurance Advisory Council  
Meeting Minutes  
June 16, 2020, 4:30 P.M. to 5:30 P.M.  
*Virtual Zoom Meeting*

**Attendance**

**Members**

Co-Chair Commissioner Marie Ganim, Shamus Durac, David Feeney, David Katseff, Laurie-Marie Pisciotta, Al Charbonneau, Vivian Weisman, Daniel Moynihan, Hub Brennan, Teresa Paiva Weed

**State of Rhode Island Office of the Health Insurance Commissioner Staff**

Cory King

John Garrett

Alyssa Metivier

Maria Casale

Cheryl DelPico

Courtney Miner

Emily Maranjian

**Not in Attendance**

Stephen Boyle

**Minutes**

**1. Welcome, Introductions, and Review of May Meeting Minutes**

Commissioner Ganim called the meeting to order. After introductions, Commissioner Ganim asked for a motion to accept the May meeting minutes. The minutes were approved as submitted.

**2. RIREACH Consumer Update**

Shamus gave an update on RIPIN/RIREACH. So far this month and last month about a third of all cases have been COVID-19 related. There have been eligibility issues for insurance due to people moving in and out of employer plans, and there has also been an increase in questions about telemedicine and charges for PPE. Recently they have begun to receive more questions about testing/treatment for COVID-19.

Shamus gave an overview of some of the guidelines for COVID-19 testing. RIPIN has set-up trainings aimed to help the community understand the options available in Rhode Island. All COVID-19 tests should be covered across all major insurance types with no prior authorization and no co-pays. There are also no-cost options for consumers who do not have insurance. If you do have insurance, it is recommended to go through your PCP to either get tested on-site with them, or to have them recommend another location for you if they cannot provide a test. There are also options available to those that are asymptomatic seeking a test. The Rhode Island Department of Health will usually

have the most up to date information for testing questions and if they do not answer your questions the RIPIN call center will be able to troubleshoot for you.

Commissioner Ganim answered a question from the audience about self-insured individuals. If you are covered by a self-funded plan, there is a potential that the test could be covered by insurance, but with cost-sharing. A couple of large businesses in the state may have this system in place, but for the most part anyone with insurance should be able to get a no-cost COVID-19 test.

### **3. Overview of OHIC's May COVID-19 Related Activities: Guidance, Telemedicine, and Executive Orders**

Commissioner Ganim gave an overview of the actions OHIC has taken in May related to COVID-19. Numerous Bulletins and Instructions were issued and are still in place from the early months of the pandemic, and in May OHIC introduced one more guidance document. The latest guidance was issued to address the delay in preventative health care visits caused by COVID-19. Our office had been hearing that providers, particularly pediatricians, were worried that they were not able to see the patients they normally see in their office. The pediatricians asked if they could do part of the visit through audio/visual telemedicine. We were able to put that in place for the pediatricians so that they were able to do part of the visits and have the opportunity to follow-up after.

### **4. Overview of Dental Plan Premium Relief**

Alyssa Metivier gave an overview of premium relief for dental plans in Rhode Island. To date, OHIC has received 12 dental premium credit filings in direct response to the pandemic. OHIC had to create instructions with the help of our actuaries to appropriately review and approve these filings. The dental plans needed to provide in their filings the amount of the discount, an explanation of how the discount is applied, the terms of the discount, and the impact on the Medical Loss Ratio (MLR) if applicable.

Some examples of premium credits/relief that OHIC has reviewed so far are a one-month credit of full premium, 50% premium credit for the month of July, 10% premium credit for groups in June through October 2020.

David Katseff asked if this only holds for insurers who mainly do medical insurance? Or does this hold for Delta Dental as well? Alyssa responded that Delta Dental is under the jurisdiction of OHIC, and they did submit a credit filing with us related to COVID-19. This can be for medical, dental, vision, and any other insurer under the jurisdiction of OHIC.

Maria Lenz asked how many non-dental insurers have submitted requests for credits. Commissioner Ganim responded that so far just one or two have submitted.

## 5. Legislation: Discussion on OHIC and HIAC Member's Legislative Priorities

Commissioner Ganim gave an overview of OHIC's three-pronged proposed approach to telemedicine. First was the Governor's Executive Order which has been in place since March. The Executive Order waives some of the restrictions in the state's Telemedicine law during the current state of emergency related to COVID-19. While this has been a critically important step in providing more access to care, many providers have been asking for this to be extended further past July. The second step was a June/July short-term legislative proposal to continue the current conditions for Telemedicine reimbursement. Simultaneously our office would put a stakeholder group together that would take a research-driven approach to developing a proposed new Telemedicine law for 2021.

Daniel Moynihan asked if the payers have supported the Telemedicine policies that have been in place. Commissioner Ganim responded that they did and have made accommodations to make them fit within their systems. But they want these Telemedicine policies to be narrowly associated with the pandemic.

Al Charbonneau commented that he wrote in opposition to the proposal because going out 18 months can have a pretty long tail on it. Al quoted a RAND study that looked at 300,000 claims in CA that found 12% of those claims went to substitution/lower cost venues and 88% of it represented new business/increases in utilization. Everyone is in favor in exploring Telemedicine, but we want to do it in an evidence-based process.

Teresa Paiva Weed commented that in the area of behavioral health it has been extraordinarily beneficial. There has been a real benefit in the Medicaid community as well.

Al Charbonneau replied that with Telemedicine is absolutely a good thing for behavioral health, his concern is more in the areas of physical therapy and chiropractors etc. There should be some degree of control over this.

Commissioner Ganim commented that the new Telemedicine proposal would apply to Medicaid and it also would include Medicaid being able to write their own regulations.

Peter Hollman asked if there is an understanding that the public health emergency is not just about hospital admissions but for social distancing, in physician practices you cannot see a full schedule in-person. In other words the need to continue Telemedicine is a long-term issue.

Laurie-Marie Pisciotta commented that it sounds like everyone is in agreement that Telemedicine is a real game changer when it comes to prevention, medical, and behavioral health conditions. It has been such a success in the behavioral health community – we have had reports from some therapists and counselors that they are having a 100% attendance rate a month at a time.

David Katseff asked if there is an issue with Telemedicine providers coming from out of state? Commissioner Ganim replied that yes, it is an issue. Since the pandemic began the health

department has been offering an easier path for out-of-state doctors to get credentialed in Rhode Island.

#### **6. Discussion of the Finalization of the Affordability Standards and Effective Dates**

Cory King gave an overview and update of the revised Affordability Standards regulations. There were not a lot of major changes between the proposed regulation and the adopted regulations. Some of the key policy changes between this iteration of the Affordability Standards and the previous one is that now we have a formal requirement that commercial payers have to develop prospectively paid primary care alternative payment models and create a classification of providers known as qualifying integrated behavioral health primary care practice sites which will serve as the basis of expanding behavioral health integration. All of the documents are available on the Secretary of State's website and OHIC's website.

Al Charbonneau asked how much is the additional cost of the hospital component? Cory responded that the cost that we quantified in the cost-benefit analysis was between \$5-8 million per year over a 5-year period.

Teresa Paiva Weed commented that this process has been a great balancing act and clearly Cory put a lot of time and hard work into it – and just want to say thank you. Cory also recognized Marea Tumber for her work on these regulations as well.

Commissioner Ganim commented that we found that those entities that have entered into alternative payment arrangements where they might receive a monthly allocation of dollars, seem to fair better in terms of their financial stability during this pandemic. They were not as tied to a fee for a visit. That may cause a much quicker uptake of alternative payment models.

#### **7. Public Comment**

David Katseff commented that the Governor accepted the recommendations of the RI Foundation's health vision that was published in January. What responsibility does that put on OHIC?

Commissioner Ganim responded that OHIC, EOHHS, and the Health Department participated in that process and advocated for things that were already in our realm such as moving towards more efficient payment models. It is very consistent with what we are currently working on.

Karen Malcom commented to thank Commissioner Ganim and the OHIC staff for drafting a proposal on Telemedicine and seconded what Laurie had to say about Telemedicine. It is critically important that consumers, insurers, and businesses come to a compromise about Telemedicine.

**8. Adjournment--** The meeting was adjourned at 5:30 pm.