State of Rhode Island Office of the Health Insurance Commissioner
Health Insurance Advisory Council
Meeting Minutes
November 19, 2019, 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, Shamus Durac, Karl Brother, David Feeney, David Katseff, Laurie-Marie Pisciotta, Al Charbonneau, Lisa Tomasso, Teresa Paiva Weed, Vivian Weisman, Daniel Moynihan,

Issuers

Shawn Donahue, Blue Cross Blue Shield of RI
Elizabeth McClaine, Neighborhood Health Plan
Stephanie Deabreu, UnitedHealthcare

State of Rhode Island Office of the Health Insurance Commissioner Staff

Cory King

Not in Attendance

Hub Brennan, Deb O'Brien

Minutes

1. Welcome, Introductions, and Review of October Meeting Minutes

Stephen Boyle called the meeting to order. After introductions, Stephen asked for a motion to accept the October meeting minutes. The minutes were approved as submitted.

2. RIREACH Consumer Update

Shamus Durac gave an update on RIPIN and the RIREACH call center. Over the past month RIREACH has seen a significant increase in calls. They received 3,000 calls last month and the normal average is around 2,500 calls. With open enrollment around the corner they know that this next month will most likely also have a significant amount of calls. Last month RIPIN saved consumers around $30,000. Beyond that, they have not seen any major trends – they are mainly gearing up to address questions on the individual mandate and open enrollment.

3. **Facility Fees Overview and Discussion**

Commissioner Ganim gave an overview of OHIC's work to regulate and address issues with facility fees. As of January 1st, 2018 OHIC inherited a couple of laws from the health department and one

had to do with regulating network plans. Relative to the provider contracts, OHIC inserted this language:

> *"That in no event, including but not limited to non-payment by the health care entity or intermediary, insolvency of the health care entity or one of its delegates or breach of the health care entity's agreement with a network plan provider, shall the network plan provider bill, charge, collect a deposit from, or seek compensation, remuneration or reimbursement from a beneficiary to include but not limited to facility or administrative fees added to a beneficiary for covered services by the provider."*

The intent was to try to limit what we saw as an increasing problem of balanced billing. We haven't heard of any problems with the regulations so far. We reached out to RIPIN to see if they were hearing anything about the continued facility fee charges. Shamus responded that RIPIN has not heard of any cases, since the regulation came into effect, of a fully insured commercial individual being charged a facility fee. Though they have found some individuals in the self-insured market. Sometimes providers describe them in problematic language that would seem to indicate that they are permitted. Moreover, these signs that providers post on their offices do not provide any distinction between plans where facility fees may be permitted (self-insured plans) and plans where they are not permitted.

Commissioner Ganim continued, stating that we will update members if there are further changes to these regulations. Since we have not heard any complaints from commercially insured individuals, we are hoping that these regulations are working.

David Katseff asked: When is it okay to charge a facility fee, what kind of a provider can charge a facility fee? Commissioner Ganim answered: In the contracts that the insurers have with all of their providers, providers cannot charge a facility fee for fully insured commercial individuals. It is okay for self-funded plans.

Al Charbonneau commented that typically insurers will often apply what they do for the fully-insured individuals across to the self-insured.

Teresa Paiva Weed commented that nationally the rules have just been adopted regarding transparency, and in most states hospital facility fees are not illegal. The trend tends to be that fees are not being charged for things that can be performed in other outpatient settings but those that can only be performed in the hospital often have facility fees. In general, on the federal level there is a lot of transparency on the way.

Steve Boyle commented that from a patient's standpoint, the fees can get very high – he was getting charged $60 per week. The average person coming into a facility may not even know about or understand the facility fees they are receiving.

4. **Open Enrollment, Reinsurance, and the Individual Mandate Overview by HSRI**
   Lindsay Lang gave an update on the efforts HealthSource RI (HSRI) are taking to inform consumers about the upcoming open enrollment and remind them that Rhode Island now has an individual mandate. For the first time this year there is a prescription drug look-up tool that consumers can use to help pick an insurer. They are also using targeted data-driven advertising which continues to give them insights on where the remaining uninsured in Rhode Island reside.

   By the end of open enrollment, you will start to see the mandate information everywhere – on the radio, tv ads, mailings and online ads. Leaders in the community are also doing PSAs about the individual mandate. HSRI will be offering webchat for consumers as an additional way to get questions answered both in English and Spanish.

   Also, for the first time, Blue Cross Blue Shield is offering a platinum level plan on the exchange – this is probably going to be attractive for sole proprietors.

   HSRI has 17 community events throughout open enrollment to get information out to Rhode Islanders.

   Al Charbonneau asked if HSRI uses print advertising? Lindsay responded that they do use some print advertising, but based on the demographics they are after, online advertisements tend to be more effective.

   Karl Brother commented that there are a significant number of people who do not have internet access and suggested reaching out to local newspapers to publish an article about HSRI/the individual mandate. Lindsay agreed, and confirmed that they were in the Western Sun – and that they will be having more print-based media when they are emphasizing the mandate later in the open enrollment campaign.

   Lindsay showed a couple examples of HSRI commercials and a PSA.

   Teresa Paiva Weed asked if HSRI is working with the health centers or if they have navigators. Lindsay confirmed that they are, and that they have a robust navigator program.

   Teresa commented that she thought we were not going to call it a tax. Lindsay responded that they want to be very clear that that is the way that it is enforced. Teresa commented that she thinks some members of the General Assembly could be surprised.

   David Katseff asked how an individual can approximate what the mandate would be for them? Lindsay replied that if you were paying the penalty under the federal mandate, Rhode Island modeled theirs precisely after that. It is $695 per individual or 2.5% of your household income, whichever is greater – which is capped at the bronze plans available in RI.

Teresa suggested that HSRI sets time up with the policy staff of the General Assembly – she is concerned that if somebody sees the tax wording they will be alarmed.

Lindsay displayed HSRI's new prescription drug look-up tool – it can help advise you about whether your doctors and medications are in network or out of network/whether they are covered or not in each plan.

Karen Malcom commented many consumers pick a plan based on their prescriptions being covered, and then mid-way through the plan year the formulary changes. They are stuck in a plan and the critical drugs they need are no longer covered. There needs to be a statement that plans can change their formularies at any time. Lindsay confirmed that that language is on there.

David Katseff asked if the same mandate language shows up on the SHOP exchange section of the website, or should they go to the individual page for that information. Lindsay confirmed they should go to the individual side.

5. **2019 Community Health Needs Assessments Overview by Lifespan and Discussion**
Carrie Bridges Feliz gave a presentation about the Community Health Needs Assessment (CHNA) that Lifespan completed. Lifespan views the CHNA as an opportunity to pause and check-in with their patients and get a sense of what their health concerns are, and what Lifespan could do differently to better serve them.

The CHNA process for each hospital (The Miriam Hospital, Newport Hospital, Rhode Island Hospital, and Bradley Hospital) identified the significant needs to specific to each community. These needs ranged from categories such as Cardiac Health, Access to Services, Substance Use Disorders and more. Within each of the categories are implementation strategies to combat and address the needs. The strategies range from adding primary care providers, extending hours, offering food assistance, offering educational lectures etc.

This year's CHNA process began about a year ago by beginning to collect data from across all systems about what had been done in the last assessments. The data that informs CHNAs comes from multiple sources: public health data, systems data etc.

To design an informed implementation plan, it is important to ensure planning is consistent with hospital priorities:

- Hospital strategic plans
- Service line expertise
- Service line limitations
- Existing strategic investments
- Leveraging "system-ness"

Lifespan hires Community Liaisons who are regular people with an interest in health and the well-being in their community. They are able to help us connect with people in the community. Lifespan held 31 community forums between April – June of 2019. They also do key informant interviews with staff from the department of health, EOHHS. RIDOH, and others about what they are seeing and what their policy priorities are in the next three years. There were many similarities in the themes that brought up – health equity and social determinants of health were brought up by everyone.

Compared to the US, Rhode Island is/has:

- Whiter, older, and denser with static population size
- Slightly more per capita and household income
- Fewer children who did not receive needed mental health services (unless Hispanic or Black)
- Fewer adults with any mental illness reporting unmet need
- Decreasing pediatric obesity, increasing adult obesity
- Fewer deaths from breast or colorectal cancer
- More potentially avoidable ED visits among age 65+, more 30-day hospital readmissions among adults
- More days of poor mental health among adults
- Greater mortality from suicide, alcohol and drug use

We use all this data to try and drive the implementation planning for the next three years. Lifespan is hearing from people that much of the state is on the verge of a breakdown – people didn't necessarily call it mental distress, but there is an epidemic of mental and emotional distress in the state.

Steve Boyle pointed out that access to care is the number one priority for each Lifespan hospital in 2019 and asked what is driving that? Carrie responded that part of is that overwhelmingly people do not know what is available to them, and how to access those services – even though we do a lot of outreach already, we need to do more. Long wait times, inability to find a doctor, and inability to find a doctor that accepts your coverage all leads to access to care problems.

David Katseff asked how they found the 500 participants? Carrie answered that it is an open invitation, they advertise online and post flyers.

Karen Malcom commented that the Protect Our Health Care Coalition is interested in the issue of housing as the dominant social determinant of health – research shows that affordable housing helps address the other determinants of health more than anything else. Because housing is not up there on the list, I'm wondering how Lifespan will address housing in the strategies it is pursuing? Carrie mentioned the Connect for Health program which screens their patients for social needs and connects them with advocates who gives them the support that they need.

6. Public Comment

There was no public comment.

Next Meeting:

- Tuesday, December 17, 2019 from 4:30 – 6:00 PM at the Central Falls Neighborhood Health Station, 1000 Broad Street, Central Falls, RI 02863.