

State of Rhode Island Office of the Health Insurance Commissioner  
Health Insurance Advisory Council  
Meeting Minutes  
August 18, 2020, 4:30 P.M. to 5:30 P.M.  
*Virtual Zoom Meeting*

**Attendance**

**Members**

Co-Chair Stephen Boyle, Shamus Durac, David Feeney, David Katseff, Vivian Weisman, Daniel Moynihan, Hub Brennan, Teresa Paiva Weed, Lawrence Wilson, Sandra Victorino

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

Cory King

John Garrett

Maria Casale

Emily Maranjian

**Not in Attendance**

Co-Chair Commissioner Marie Ganim, Al Charbonneau, Laurie-Marie Pisciotta

**Minutes**

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

Stephen Boyle called the meeting to order and introduced the newest HIAC members: Sandra Victorino, the director of acute care services at The Providence Center, and Larry Wilson, the Managing partner and founder of The Wilson Organization, LLC. After introductions, Stephen Boyle asked for a motion to accept the June meeting minutes. The minutes were approved as submitted.

**2. RIREACH Consumer Update**

Shamus gave a brief overview of the general services RIPIN and their call center offer to consumers in Rhode Island. Over the past couple months, about one third of all call center cases have been COVID-19 related. Many Rhode Islanders have been losing coverage due to the pandemic, especially in April and May. In addition to helping consumers navigate how to get health insurance, they have also been assisting consumers with unemployment, and difficulty in accessing telemedicine. This year RIPIN has saved consumers about \$400,000 in health care costs.

Stephen Boyle asked if there has been any discussion about HealthSource RI (HSRI) doing an open-enrollment period? Shamus replied that HSRI did allow for a general open-enrollment due to COVID-19 earlier this year, and beyond that anyone who loses coverage now due to change of employment are eligible for special enrollment periods.

Karen Malcom asked if RIREACH has received any calls about added fees not covered by insurers for provider safety/PPE? Shamus replied that they have received calls about this subject, mainly earlier during the pandemic specifically related to dental providers. This issue was problematic for a few

reasons, mainly because it was an additional fee outside of insurance that consumers were responsible for. With the assistance of OHIC, that issue has generally been resolved.

David Katseff asked, what is the reason why many of these people are losing their coverage? If they had received their coverage through their employer, aren't they automatically eligible for COBRA? Shamus replied that generally, yes, however in a lot of circumstances COBRA isn't the best option for them. For many it is too expensive with the reduced income from losing their job. Stephen Boyle replied another problem is that once you enroll in COBRA, you cannot unenroll until the next open enrollment period which leads to many months of high-cost premiums.

### **3. Update on OHIC's COVID-19 Related Activities**

Emily Maranjian gave an update on the recent executive orders and bulletins related to COVID-19. On April 27 OHIC issued temporary emergency measures primarily around benefit determination review, and a lot of those guidelines required carriers to suspend various prior authorization requirements. Those regulations were designed to expire on July 1 with the theory that the surge in cases would be over by that date. OHIC issued a subsequent bulletin on July 1 which extended two of those measures through October 1. That bulletin suspended all prior authorization requirements for all in-network behavioral health services and all in-network non-pharmacy COVID-19 related diagnostic and treatment services. We have also been in communication with the Governor's office asking for the Executive Orders that gave OHIC the opportunity to issue these, and the Telemedicine coverage bulletins to be extended.

The most recent bulletin was in relation to carrier coverage for COVID-19 testing. This bulletin followed federal guidance, and our expectation is that carriers should cover testing in the situations we listed. The testing is to be provided without cost-sharing, prior authorization, or other medical management practices.

John Garrett discussed how OHIC has collaborated with dental insurers to approve premium discounts to consumers due to the low utilization of services due to the pandemic. Additionally, OHIC worked with the dental insurers to ensure that members would not be charged for personal protective equipment.

### **4. 2020 Form and Rate Review Status and Discussion**

Cory King gave an update on the 2021 form and rate review process. Normally, this process takes place in June, but we decided to push this process back a month this year in order to better assess the impact COVID-19 would have on rates next year. Additionally, we wanted to wait to see if the federal government would give out any assistance to rate payers – that did not end up being the case. At this point we are very close to the end of the rate review process.

In the Individual Market Blue Cross Blue Shield of Rhode Island (BCBSRI) requested an average increase of 3.7% and Neighborhood Health Plan of Rhode Island (NHPRI) requested an increase of 5.8%. Cory commented that the individual and small group increases were fairly modest compared to requests in the past.

In the Small Group Market, BCBSRI requested a 3.6% increase, NHPRI requested a 1.8% increase, Tufts HMO requested a 3.9% increase, Tufts PPO requested a 3% increase, United HMO requested a 4.3% increase, and United PPO requested a 1.5% increase.

For the Large Group Market, the rate requests were larger compared to the other two markets. BCBSRI requested a 5.2% increase, Tufts HMO requested a 10.7% increase, Tufts PPO requested a 9.6% increase, and United requested a 9.3% increase. The bulk of the large group market is with BCBSRI. Within the next week we will be issuing a determination on the final rates.

Stephen Boyle asked if BCBSRI gave any reason why they anticipate pharmaceuticals to be lower? Cory replied he would follow-up with Stephen on that question.

Cory added that the Attorney General's office reviewed the rate requests in the Individual Market and submitted actuarial reports with recommendations for the Commissioner's consideration. Those reports have been read and considered, and they will be posted on our website alongside the other public comments we received related to rates.

David Katseff asked if it was unusual for the Attorney General's office to submit these recommendations at this point in time? Cory responded that they have standing to review these rates, and they usually submit in-depth public comment on Individual Market rates.

## **5. Legislation Discussion**

Marea Tumber gave an update on the budget articles related to OHIC. One of the articles is a consumer protection bill which aims to align Rhode Island state law with many of the provisions in the ACA, based on the recommendations from the OHIC/HSRI Market Stability Workgroup. The changes being proposed will not increase state spending or premium costs, and they do not exceed provisions contained in the ACA. The key provisions proposed to be added into state law include: no exclusions for preexisting conditions, adds essential health benefits, adds preventive services with no cost-sharing, and adds an open-enrollment for obtaining health insurance.

The second budget article is related to telemedicine and is aimed at expanding the use of telemedicine services to better protect public health during COVID-19. The bill continues emergency provisions which have been in place since March. Telemedicine helps maintain continuity of care while reducing infection risk for providers and patients. The key provisions in this article include continuation of telephonic visits when appropriate for care, and audio-visual telemedicine for any appropriate service, cost-sharing no greater than in-person care, and reimbursement for in-network providers at parity with in-person care.

David Katseff asked if the telemedicine coverage in most insurance plans have similar co-pays to a regular office visit? Marea responded that currently the carriers have waived telemedicine cost-sharing, but that is temporary. This budget article is proposing to make the cost-sharing no greater than in-person care.

David asked if OHIC has received a lot of feedback about this legislation that keeps provider payment at the same rate, even though it seems there would be a lot fewer expenses related to telemedicine visits versus in-person visits? Marea responded that this is one of the issues the telemedicine stakeholder group is planning to discuss. In the shorter term, we have heard from a lot of providers who said that telemedicine takes more time when you consider patient education, and the changes in their workflow.

Shamus Durac commented that this is a crucial service right now, especially for families with children with special needs and older consumers. Even as providers open up their doors to more in-person visits, telemedicine still plays a very important role for consumers who are not able to take the risk of in-person visits.

David Katseff commented that he agrees with the merit of telemedicine, and everything about it that Shamus just spoke to. His concern was more related to the cost-factor.

Sandra Victorino commented that she agrees that there is an opportunity for parity and equity through use of telemedicine. The other piece from an equity standpoint is multi-generational households that are existing right now. Telemedicine has allowed access for people to continue to have care even when they have been concerned with in-person visits. Sandra also commented that these services could create more access for those that need bilingual services and would like to see the data to see if that is the case.

Stephen Boyle commented that the underlying theory of telemedicine is that it is a lower-cost way to provide services at a low-risk. Today, it is more an important as access tool.

## **6. Cost Trends and Small Business Insurance Group Update and Discussion**

Cory King gave a brief update on the latest Cost Trends Steering Committee meeting. The Cost Trend meetings are continuing, and he will send out materials related to the most recent meetings.

Earlier this year the Small Business Insurance Group sent out a small employer health benefits survey which began at the end of January and ran through March 20. For the purpose of the survey, small employers are classified as a firm with three to 49 total workers. The survey covered questions about employee eligibility for health insurance, employee take-up of coverage, average monthly worker premium contribution, and more. A total of 371 small firms completed the survey, and we are expecting a summary of the results at the end of the summer.

## **7. Public Comment**

There was no public comment.

## **8. Adjournment--** The meeting was adjourned at 5:35 pm.