

State of Rhode Island Office of the Health Insurance Commissioner  
Health Insurance Advisory Council  
Meeting Minutes  
June 18, 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

**Attendance**

**Members**

Co-Chair Commissioner Marie Ganim, Co-Chair Stephen Boyle, Ruth Feder, Al Charbonneau, Karina Gibbs (for Sam Salganik), Vivian Weisman, David Katseff, Daniel Moynihan, Deb O'Brien

**Issuers**

Gus Manocchia, Blue Cross & Blue Shield of RI  
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, Gregory Allen, Hub Brennan, Bill Schmiedeknecht, Karl Brother, David Feeney

**Minutes**

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

Commissioner Ganim and Steve Boyle called the meeting to order and welcomed all Health Insurance Advisory Council (HIAC) members and others in attendance. The minutes for the May 14, 2018 HIAC accepted with the change of noting that Deb O'Brien was not present.

**2. RIREACH Consumer Issues**

Karin Gibbs from RIPIN provided a RIREACH consumer update. RIREACH handled approximately 3,220 calls in the month of May, with 349 new cases, an increase from May of last year. The call center is a little short staffed right now, leading a slightly lower average live-answer rate. Karina noted any caller who does not get a live answer and leaves a voicemail will be called back within 48 hours. To expand RIPIN and RIREACH awareness, RIPIN has been holding outreach events. RIPIN conducted 5-6 presentations or trainings in the month of May.

When asked if there are any common themes among callers' issues, Karina said it was a mix of issues but that many calls were related to Medicaid and HealthSource RI enrollment.

### **3. Market Stability Workgroup: Final Report & Discussion**

Commissioner Ganim gave a recap of the work of the Market Stability Workgroup, a joint effort of OHIC and HealthSource RI that wrapped up in early June. Workgroup members represented the business community, consumer advocates, health care insurers, providers, and policymakers. HIAC members Steve Boyle, Al Charbonneau, Sam Salganik and Teresa Paiva Weed also sit on the Workgroup.

The Workgroup issued a final report with recommendations to protect the stability of Rhode Island's health insurance market. Three near-term recommendations were: exploring establishment of a state reinsurance program; studying the institution of a state-based shared responsibility requirement; and enhancing oversight and regulation of short-term limited duration health plans.

The Workgroup also recommended further action, including studying how to best structure and implement a shared responsibility requirement, and addressing the underlying health care costs driving health insurance rates.

David Katseff asked if a state-based shared responsibility requirement would include a penalty for not having insurance coverage. Commissioner Ganim said the details of how the shared responsibility requirement would work were up for discussion, but that one idea was to consider gradually phasing in a penalty over a few years.

Steve Boyle added that the Workgroup also discussed incentives, mentioning the approach being used in Maryland where any penalties levied for not having insurance are held for the consumer to be applied toward the purchase of coverage during the next open enrollment period.

### **4. Legislative Discussion**

The Council discussed pending legislation of interest during the last days of the General Assembly, expected to wrap up the 2018 legislative session by the end of the week.

Commissioner Ganim spoke on two bills related to the recommendations of the Market Stability Workgroup. S 2934 would grant HealthSource RI the authority to apply for federal 1332 innovation waiver to establish a state reinsurance program. S 2931 would make sure that short-term limited duration health plans are included in the definition of health insurance and able to be regulated by OHIC.

Ruth Feder spoke briefly on S 2540 Sub A, a bill introduced on behalf of Governor Gina Raimondo that would include behavioral health counseling and medication maintenance visits as primary care for the purposes of determining consumer cost-share.

Al Charbonneau mentioned S 2077A, a bill to address “surprise billing,” saying that his organization (RIBGH) was critical of the current version.

Steve reiterated that the Reinsurance act was “important,” saying that the Workgroup had determined that “doing nothing is worse than doing something.” Al said that insurers, the RI Business Coalition, and RIBGH would all be commenting on the reinsurance bill.

As of this meeting, all of the bills discussed had passed the Senate and were awaiting hearing in the House.

#### **5. 2018 Rate Review Status Report and Discussion**

Cory Kind provided an update on Rate Review. HIAC members were provided with documents relating to the filings in each market. Due to the nature of the Blue Cross individual market rate review process and legal requirements, Commissioner Ganim was not provided with any documents relating to BCBSRI’s individual market filings, nor were these filings discussed. Cory said that a public comment meeting has been scheduled for June 25 at 5pm at the Department of Labor and Training Conference Room and that the deadline to submit written comments to OHIC was July 27.

#### **6. OHIC Staff Updates**

Commissioner Ganim updated the Council on OHIC staffing. Benefit determination and utilization review oversight was transferred from the RI Department of Health to OHIC on January 1, 2018, and with it came two full time staff. These positions were filled by internal OHIC candidates; those two vacant OHIC positions have now been filled. As of the beginning of June, OHIC is now fully staffed.

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

Linda Ujifusa of the Rhode Island chapter of Physicians for a National Health Program spoke on the need for a single-payer health care system. She thanked and commended the Council for their work but said she felt they were ultimately “moving around the deck chairs on the Titanic.” She said that individual market health insurance won’t work, and that health insurance should not be viewed as a product like other forms of insurance but should be “viewed as a joint effort to the benefit of the community, like national defense” and that it should be funded by “a progressive tax on everyone, to be enjoyed by everyone.” She respectfully suggested HIAC consider a study of single payer and requested that her organization be allowed to make a presentation on the subject to HIAC.

Al Charbonneau responded, first acknowledging the fact that most OECD countries have single payer health care systems. He then commented on the political realities both in Washington, D.C. and in Rhode Island. He cited his experiences as a hospital executive in Rochester, NY at a time when a coalition of businesses worked together to successfully contain hospital costs. “Business needs to grab hold of the system the way it did in Rochester and put pressure on providers to perform better,” he said.

David Katseff mentioned a Providence Journal article from the previous Sunday that “really did a good job” detailing the hospital systems operating in Rhode Island. He said there are “too many difference

services offered in this one small market,” and that inefficiencies must be reduced or else “it doesn’t matter if we have a single payer or 10 insurers... if we can’t reduce costs, someone has to pay for it.”

**Next Meeting**

The next meeting of the Health Insurance Advisory Council will be Tuesday, September 25, 2018, from 4:30 – 6:00 PM at the Rhode Island Department of Labor and Training, 1511 Pontiac Avenue, Building 73-1, Cranston, RI, 02920-4407