



News

For Immediate Release

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OHIC Appoints Hearing Officer for Blue Cross Large Group and Small Group Rate Factor Hearing.

Cranston, RI June 29, 2009 — The Office of the Health Insurance Commissioner (OHIC) has appointed Providence attorney Raymond A. Marcaccio, Esq. to serve as the hearing officer for administrative hearing to be held as a result of Blue Cross & Blue Shield of Rhode Island's May 15, 2009 filing for new rate factors for its large and small group rates. The hearing will also cover rate factors used for the Rhode Island Builders Association.

The parties to the hearing will be Blue Cross and the Attorney General, although interested parties may petition to intervene in the proceeding.

The public testimony portion of the hearing will take place at a future date to be determined by the hearing officer.

At the direction of the Health Insurance Commissioner, Blue Cross and Blue Shield of Rhode Island, Tufts Health Plan and UnitedHealthcare of New England submitted for OHIC review the medical inflation, administrative costs and contributions to reserves rates (or "rate factors") they plan to use to calculate commercial health insurance premiums for

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the end of 2009 and 2010. After review and public comment, the Commissioner requested that the health plans withdraw their filings. The plans were given until July 2, 2009 to inform the Commissioner whether they will withdraw their filings. The plans were told that a hearing would be called if they did not withdraw their filings.

Blue Cross informed the Commissioner last week that it would not withdraw its filing.

As of this morning, neither Tufts Health Plan nor UnitedHealthcare of New England has informed the Commissioner as to their decision to withdraw.

About the Office of the Health Insurance Commissioner

The Office of the Health Insurance Commissioner (OHIC) was established by legislation in 2004 to broaden the accountability of health insurers operating in the state of Rhode Island. Under this legislation, the Office is dedicated to:

1. Protecting consumers
2. Encouraging fair treatment of medical service providers
3. Ensuring solvency of health insurers
4. Improving the health care system's quality, accessibility and affordability

The Office sets and enforces standards for health insurers in each of these four areas.
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