

OFFICE OF THE HEALTH INSURANCE COMMISSIONER OVERVIEW

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OFFICE OF THE
HEALTH INSURANCE COMMISSIONER

STATE OF RHODE ISLAND

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PURPOSE

- The State of Rhode Island Office of the Health Insurance Commissioner (OHIC) was **created in 2004** (State of Rhode Island General Laws § 42-14.5).
- **OHIC's charge** is to:
 - Protect the interests of consumers of commercial health insurance
 - Encourage fair treatment of health care providers by commercial health insurers
 - Improve the health care system as a whole
 - Guard the solvency of commercial health insurers



FUNCTIONS

- OHIC is a commercial health insurance policy reform and regulatory enforcement agency and the office's functions include:
 - **Health Insurance Rate Review:** OHIC reviews the premiums for comprehensive/major medical plans, Medicare supplement plans, and limited benefit plans sold in the state to ensure they are consistent with the public interest and proper business conduct. Rates may be approved, modified, or rejected.
 - **Health Insurance Form Review:** OHIC reviews coverage documents for comprehensive/major medical plans, Medicare supplement plans, and limited benefit plans sold in the state to ensure they are consistent with the public interest and federal and state requirements. Forms may be approved, modified, or rejected.
 - **Network Plan Certification:** OHIC certifies all network plans in the state to ensure consumer protections are in place such as network adequacy and that provider credentialing and contracting requirements are met.
 - **Benefit Determination and Utilization Review (UR) Agent Certification:** OHIC certifies all benefit determination and UR agents to ensure consumer protections are in place such as timely approval of and payment for covered services and that required denial and appeal processes are followed.

FUNCTIONS

- The office's functions also include:
 - **Consumer and Provider Complaint Resolution:** OHIC investigates and resolves complaints against commercial health insurance companies filed by consumers and providers.
 - **Market Conduct Examinations:** OHIC opens periodic examinations into commercial health insurer market conduct. Examinations may focus on nearly all aspects of commercial health insurer business practices that fall within the jurisdiction of OHIC.
 - **Regulation and Subregulatory Guidance Development:** OHIC issues regulations and subregulatory guidance that implement and interpret OHIC's statutory purpose.

PRIORITIES

- I. Continuing to ensure that Rhode Islanders receive adequate coverage for coronavirus disease 2019 (COVID-19) testing, treatment, and vaccinations
- II. Leveraging the regulatory structure within OHIC to accelerate delivery system reform
- III. Continued implementation of the Affordability Standards
- IV. Continuing to increase behavioral health (BH) care access and ensure parity between BH and physical health care services
- V. Advancing the statewide expansion of telehealth services
- VI. Continuing the success of the Rhode Island Health Care Cost Trends Project



I. CONTINUING TO ENSURE THAT RHODE ISLANDERS RECEIVE ADEQUATE COVERAGE FOR COVID-19 TESTING, TREATMENT, AND VACCINATION

- OHIC will continue to prioritize efforts to support access to adequate coverage for **COVID-19 testing, treatment, and vaccination.**
- Throughout the COVID-19 state of emergency, OHIC took actions to require a set of emergency coverage policies designed to guarantee access, affordability, and continuity of care for all Rhode Islanders while also reducing the spread of COVID-19 and worked jointly with the Executive Office of Health and Human Services (EOHHS) to align commercial and Medicaid actions whenever possible.
- For example, today COVID-19 vaccinations continue to be provided by commercial health insurers with no cost-sharing in conformance with federal and state requirements and OHIC is conducting regular oversight related to this.
- Additionally, OHIC previously worked with commercial health insurers to take measures to support provider solvency, including securing emergency relief funds for pediatric primary care providers through a joint effort with EOHHS.

II. LEVERAGING THE REGULATORY STRUCTURE WITHIN OHIC TO ACCELERATE DELIVERY SYSTEM REFORM

- OHIC, as it regulates commercial health insurers, encourages policies and developments that improve the quality and efficiency of health care service delivery.
- This means that **OHIC seeks to accelerate the transition to a reformed delivery system** where provider organizations are incentivized, organized, and structured to deliver accessible, affordable, and high-quality care that produces improved health outcomes.
- OHIC is now supporting delivery system reform by encouraging provider payment models that improve value, fostering primary care transformation, and **advising on the impact of hospital consolidation.**

III. CONTINUED IMPLEMENTATION OF THE AFFORDABILITY STANDARDS

- The Affordability Standards are a core component of OHIC's efforts to meet its statutory purpose to improve the health care system by improving the affordability of health insurance.
- OHIC developed the Affordability Standards to systematize regulatory requirements that commercial health insurers must follow to demonstrate their efforts to improve affordability.
- **Since the Affordability Standards went into effect in 2010, they have had tangible results.** Primary care spending has increased and the rate of hospital price increases has slowed. Together these changes ensure that Rhode Islanders will have more affordable care in the long-term.
- **OHIC is now exploring the development of next generation Affordability Standards** to ensure that individuals, employees, and employers will see further improvements in the affordability of health insurance over time.

IV. CONTINUING TO INCREASE BH CARE ACCESS AND ENSURE PARITY BETWEEN BH AND PHYSICAL HEALTH CARE SERVICES

- **OHIC has completed market conduct exams of all four major commercial health insurers operating in Rhode Island to ensure that BH care is covered at parity with physical health care**—consistent with federal and state law.
- These exams measured compliance with laws and regulations relating to coverage of mental health and substance use disorder services and have played a critical role in eliminating the disparities between physical and BH care in the state. The exams led to contributions from the state’s four major commercial health insurers to create two BH funds at the Rhode Island Foundation.
- The funding has been distributed to provide critical resources and support for non-profit organizations across the state working to meet the BH needs of Rhode Islanders.
- **OHIC is now exploring multiple approaches**—including additional market conduct exams—to further support BH care access and parity.

V. ADVANCING THE STATEWIDE EXPANSION OF TELEHEALTH SERVICES

- Throughout the COVID-19 state of emergency, OHIC took actions to make telemedicine more widely accessible and facilitate its use as well as to enforce the **suspension of certain state telemedicine restrictions** that were in place prior to this.
- On an ongoing basis, OHIC believes that the following **elements should be foundational to telehealth policy**:
 - Audio-only telemedicine should be covered on a permanent basis.
 - No restrictions on patient location for telemedicine should be in place.
 - Cost-sharing for telemedicine visits should not exceed cost-sharing for in-person visits.
 - Prior authorization requirements for telemedicine should be no more stringent than prior authorization requirements for in-person care.
 - Telemedicine for BH services and primary care services should be paid at the same rate as in-person visits regardless of modality.
 - No restrictions on which provider types can provide telemedicine services within their scope of practice should be in place.
- OHIC also **successfully supported the enactment of amendments to the Telemedicine Coverage Act that went into effect on July 6, 2021 that are reflective of the above elements.**

VI. CONTINUING THE SUCCESS OF THE RHODE ISLAND HEALTH CARE COST TRENDS PROJECT

- The Rhode Island Health Care Cost Trends Project's vision is to provide Rhode Islanders with high-quality, affordable health care through greater transparency of health care performance and increased accountability by key stakeholders.
- In December 2018, the Rhode Island Cost Trends Steering Committee, co-chaired by the health insurance commissioner, a health insurance executive, and a medical group executive and comprised of members of state's health care community, **set a per capita growth target of 3.2%** annually for 2019 through 2022 by signing the Compact the Reduce the Growth in Health Care Costs and State Health Care Spending in Rhode Island.
- In 2019, Executive Order 19-03: Establishing a Target for Health Care Spending Growth in Rhode Island codified the Rhode Island Health Care Cost Growth Target.
- The Rhode Island Cost Trend Steering Committee is now assessing performance against the cost growth target and **identifying underlying cost and cost growth drivers as well as policies and interventions to address them for the governor's consideration.**

ACCOMPLISHMENTS

- **Materially Reduced Commercial Health Insurance Premiums for 2022:** OHIC saved Rhode Islanders **\$41.7 million** by cutting increases proposed by commercial health insurers for 2022 and, since 2012, OHIC has saved Rhode Islanders **\$327 million** through the health insurance rate review process.
- **Achieved Consumer Savings through Consumer Assistance Helpline:** With its community partner, the Rhode Island Parent Information Network, OHIC maintains a consumer assistance helpline (the Rhode Island Insurance Resource, Education, and Consumer Helpline) that, since 2018, has saved Rhode Islanders consumers **\$4.6 million** by providing advocacy, education, and support to navigate health insurance coverage issues.
- **Advanced Access to Doula Services in the Commercial Health Insurance Market:** OHIC provided technical assistance to stakeholders in support of the development of successfully enacted legislation requiring commercial health insurance coverage to include access to doula services in order to improve perinatal and postpartum outcomes.

ACCOMPLISHMENTS



"If you want to see an example of how regulation can help both individuals and businesses, take a look at the work of the Office of the Health Insurance Commissioner... It is not an easy mandate, but the office walks the tight-rope every year, and at the same time pushing the health insurance industry to innovate and reduce costs." – **PBN Editorial, September 2019**