

STATE OF RHODE ISLAND 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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MISSION

- The State of Rhode Island Office of the Health Insurance Commissioner (OHIC) seeks to improve health care access, affordability, and quality. OHIC does so as it: (1) protects the interest of consumers of commercial health insurance, (2) encourages fair treatment of health care providers by commercial health insurers, (3) improves the health care system as a whole, and (4) guards the solvency of commercial health insurers.



VISION

- OHIC envisions a world where its efforts as a commercial health insurance policy reform and regulatory enforcement agency transform the Rhode Island health care system into one that is accessible, affordable, and high-quality as it improves health outcomes for all Rhode Islanders.

VALUES

- All of OHIC's activities are informed by the following values:
 - **Respect:** OHIC ensures that all those who interact with the office or are affected by the office's decisions are treated with dignity.
 - **Integrity:** OHIC upholds the highest standards of ethical conduct as it adheres to all federal and state requirements while carrying out its statutory responsibilities.
 - **Justice:** OHIC advances policy reforms and takes regulatory actions that result in greater fairness.
 - **Accountability:** OHIC works tirelessly to live up to its commitments.
 - **Collaboration:** OHIC engages a wide array of stakeholders both inside and outside of government in a transparent manner to jointly achieve shared goals.

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.
 - **Social and Human Service Programs Review:** OHIC conducts comprehensive reviews of all social and human service programs having a contract with or licensed by the state.

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. Promoting transparency and accountability for health care costs



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. PROMOTING TRANSPARENCY AND ACCOUNTABILITY FOR HEALTH CARE COSTS

- The **Health Spending Accountability and Transparency Program** came into being as of July 1, 2022. It has **three key goals** that are **designed to curb health care spending growth**:
 - **Goal 1:** Understand and create transparency around health care costs and the drivers of cost growth
 - **Goal 2:** Create shared accountability for health care costs and cost growth among insurers, providers, and government by measuring performance against a cost growth target tied to economic indicators
 - **Goal 3:** Lessen the negative impact of rising health care costs on Rhode Island residents, businesses, and government
- This program **builds on the important work of the Rhode Island Health Care Cost Trends Steering Committee** which developed and, on December 19, 2018, executed the Compact to Reduce Growth in Health Care Costs and State Health Care Spending in Rhode Island.
- It represented and continues to represent a voluntary **commitment by health care stakeholders to take all reasonable and necessary steps to annually keep cost growth below the target** at the organizational level and state level while maintaining (or improving) quality and access.

IMPACT

PROVIDENCE BUSINESS NEWS

PBN

"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**