



State of Rhode Island Office of the Health Insurance Commissioner Health Insurance Advisory Council 2012 to 2013 Goals and Activities

Goals

In 2009, at the advice of its Health Insurance Advisory Council (HIAC), the State of Rhode Island Office of the Health Insurance Commissioner (OHIC) directed commercial health insurance issuers with significant market shares in the state to comply with a set of four criteria, collectively termed the Affordability Standards, aimed at improving the affordability of health care in Rhode Island. Specifically, the Affordability Standards required issuers to:

1. Expand and improve primary care infrastructure
2. Spread the adoption of the patient-centered medical home
3. Standardize electronic medical record incentives
4. Work toward comprehensive payment reform across the delivery system

The Affordability Standards went into effect in 2010. The goals for HIAC for 2012 to 2013 will be focused around OHIC's Affordability Standards and are listed below.

1. Assess the feasibility of medical expense or premium trend caps and the state of commercial health insurance affordability by reviewing OHIC's monitoring of issuer compliance with approved rate factors
2. Make recommendations for new OHIC guidance on the primary care spend standard to more specifically direct issuers about what primary care investments to make in 2013 and 2014
3. Consider actions that OHIC could take to foster equitable financing of health system improvements by all employers
4. Review OHIC's forthcoming evaluation of the Affordability Standards and provide comment on recommendations to refine them
5. Review OHIC reports relevant to these four topics as they are released

A listing of activities to be undertaken to in order to achieve these goals follows.

Activities

Activities are listed by HIAC meeting.

September 2012 Meeting

- Review HIAC's 2012 to 2013 goals and activities
- Review commercial health insurance premium trends

- Introduce small and large group approved rate factors monitoring

October 2012 Meeting

- Review issuer primary care spend standard compliance and initial policy effects
- Discuss innovative benefit designs
- Review hospital payment study

November 2012 Meeting

- Discuss recommendations on new primary care spend standard guidance
- Review data on small and large group approved rate factors monitoring (quarters one to three of 2012)

December 2012 Meeting

- Finalize recommendations on new primary care spend standard guidance
- Review Affordability Standards evaluation

January 2013 Meeting

- Discuss Affordability Standards recommendations
- Review small group rate disclosure form monitoring
- Review rate review process with advent of the Rhode Island Health Benefits Exchange

February 2013 Meeting

- Finalize Affordability Standards recommendations
- Review data on small and large group approved rate factors monitoring (quarter four of 2012)

March 2013 Meeting

- Review analysis of status quo of health system improvements financing
- Discuss payment and delivery system reform initiatives
- Review update on individual, small group, and large group rates for 2014 (tentative)

April 2013 Meeting

- Discuss recommendations of actions to foster equitable health system improvements financing
- Discuss payment and delivery system reform initiatives

May 2013 Meeting

- Finalize recommendations of actions to foster equitable health system improvements financing

- Review data on small and large group approved rate factors monitoring (quarter one of 2013)

June 2013 Meeting

- Discuss payment and delivery system reform initiatives
- Review HIAC's 2012 to 2013 goals and progress update