

**Health Insurance Advisory Council
Planning Agenda – 2010/2011**

Goals for Council for this year:

1. Monitor plans' implementation of OHIC Affordability Standards and Priorities
 - a. Primary Care Spend
 - b. Hospital Contracting Conditions.
2. Give direction to OHIC regarding Administrative Costs of Insurers
3. Increase visibility and awareness of HIAC work
4. Monitor Commercial Health Insurance Reforms Under PPACA
5. Monitor OHIC Implementation of Federal Rate Review Grant

September Meeting

- Review: goals for year and agenda
- Council Membership and Leadership
- Schedule of Meetings and Locations
- Overview of Rate Review Grant

October

- Primary Care Spend
 - o 2010 and plans for 2011
 - o Evaluation
- Plan for increasing HIAC visibility

November

- Hospital Conditions
 - o What are they
 - o Monitoring efforts to date.

December

- Federal Health Reform and Commercial Insurance
 - o Impact in RI
 - o Enforcement issues

January

- Rate Factors Review – process this spring and suggested changes.
- Administrative Costs of Plans – Review of performance, benchmarks and comparisons to self insured market.

February:

- Hospital Conditions – update

March:

- State Legislative update. (Including compliance with PPACA)

April/May/June

- Primary Care Spend Affordability Standard
 - o 2010 performance
 - o Final Plans for 2011
- Large/Small Group Rate Factor Review Process.

**Health Insurance Advisory Council
Charter - September 2005
(Revised September 2009)**

Legislative Intent: (from 42-14.5-3)

“To obtain information and present concerns of consumers, business and medical providers affected by health insurance decisions.”

Purpose Statement

The Health Insurance Advisory Council, established under RI law 42-14, exists to obtain information and present concerns to the Health Insurance Commissioner of consumers, business and medical providers affected by health insurance decisions

Statutory expectations:

- Be involved in planning and conducting at least quarterly public meetings throughout the state “regarding the rates, services and operations of insurers licensed to provide health insurance in the state(,) the effects of such rates, services and operations on consumers, medical care providers and patients, and the market environment in which such insurers operate.”
- After assessing “the views of the health provider community relative to insurance rates of reimbursement, billing and reimbursement procedures, and the insurers' role in promoting efficient and high quality health care”, issue an annual report “of findings and recommendations to the governor and the General assembly and present their findings at hearings before the house and senate finance committees.”
- Assist in the design “of an insurance complaint process to ensure that small businesses whom (sic) experience extraordinary rate increases in a given year could request and receive a formal review by the department of business regulation.” and “develop measures to inform small businesses” of this process.
- oversee “the Professional Provider-Health Plan Work Group” to focus on initiatives to improve administrative efficiencies between health plans and providers.)
- “to develop proposals to allow the markets for small business health insurance to be affordable and fairer”

Membership

“The advisory Council is to be diverse in interests and shall include representatives of community consumer organizations; small businesses, other than those involved in the sale of insurance products; and hospital, medical, and other health provider organizations. Such representatives shall be nominated by their respective organizations.”

The following guidelines will apply:

- o Minimum six members, maximum eighteen.

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- Membership will be based on statutory direction, recommendations by council members and determination of Council co-chairs.
- Formal membership term will last no longer than two three-year terms.

Health Plans are invited guests. Their attendance and participation is welcome and expected. They are not members of the Council.

Leadership

“The advisory Council shall be co-chaired by the health insurance commissioner and a community consumer organization or small business member to be elected by the full advisory Council.”

The Council co-Chair will serve an initial one year term. Subsequent terms will be two years.

Conduct of meetings

- Meetings will be held in at least four different communities throughout Rhode Island in course of year.
- All meetings will be open to the public and conducted by Council co-chairs.
- Agendas will be published in advance and distributed to an interested parties list. Community involvement and public testimony will solicited for each meeting and in each location.
- Meetings will be conducted in compliance with Open Meetings Laws.
- As the role of the Council is largely advisory, meetings will be conducted in open, participatory style, inclusive of all members.
- Council co-chairs will determine under what circumstances non-members may participate in particular meetings. Preference for participation among non-members will be given to invited guests, those who request agenda items and regular attendees.

Agenda Development

The agenda for its work is recommended by Council co-chairs and set by Council members based on:

- statutory deliverables;
- the concerns of providers, consumers and business regarding “rates, services and operations of health insurers” as presented to both members of the Council and the health insurance commissioner;
- the priorities of the health insurance commissioner based on his/her statutory obligations.
- Requests made of the council by members of the public.