

**Health Insurance Advisory Council
Minutes of December 20, 2005 Meeting
5 – 6:30 PM,
Hearing Room
Department of Business Regulation
233 Richmond Street
Providence, RI**

Attendance:

Chair: Chris Koller

Members: Hub Brennan, Domenic Delmonico, Howard Dulude, Dan Egan, Annamarie Monks, Serena Sposato, Matthew Stark, Mike Frazier, Ann Rhodes, Peter Quattromani, Dawn Wardyga

Health Plans: Tom Boyd, Jason Martiesian, Ken Pariseau

OHIC Staff: John Cogan, Patricia Huschle

Excused: Rick Brooks, Lisa Ahart, Craig O' Connor, Patrick Quinn

Guests: Maureen Glynn

1. Introductions

· Members of the Council introduced themselves.

2. Minutes

- Minutes from the November meeting were adopted with the requested addition that it be noted that the Council had also recommended no retroactivity on the BC board compensation request.

3. Recruiting New Members

- Profiles for Candidates for Membership on the Advisory council were discussed and reviewed.

4. Blue Cross Board Compensation Update

- The decision on Blue Cross' application for board compensation will be published shortly.

5. Provider Health Plan Workgroup

- Pat Huschle reported on the recent activity of the Provider Health Plan Workgroup, a subcommittee of the Council. A list of Workgroup members was distributed. The Workgroup is charged by statute to address specific physician office administrative issues in order to promote efficiency and provider satisfaction. The first initiative addressed was health plan fee schedule disclosure. The three major health plans, BCBS, United and Neighborhood have all agreed to provide on line fee schedule look up capabilities by the end of 2006. The group also concurred on steps to obtain fee schedule information in the interim via telephone, fax and email. The group felt that a professional provider communication be distributed informing the provider community how to obtain contracted fee information. This document once final will be distributed through the RI Medical

Society.

- Workgroup will be addressing streamlining the provider credentialing process as its next initiative. The first meeting is January 9th.**
- Workgroup is also responsible for ongoing monitoring of these initiatives to assure that the health plans are adhering to the agreed upon plan and dates.**

6. Direct Pay Filing

- John Cogan presented information regarding Blue Cross' rate filing for its direct pay subscribers. Blue Cross plans to terminate its existing three plans and offer four new plans, two of which are high deductible plans. Hearing to be held January 17th.**
- While there was a recognition of the potentially positive implications that could result from consumers having being more involved in their health care choices, several members of the Council expressed general concerns about high deductible health plans, especially about whether those plans discriminate against poorer and sicker enrollees. Also there was concern about how these plans might affect health care providers by shifting costs in the form of uncompensated care.**

7. Next Meeting

- January 17, 2006 at 5:00**