

In The Matter Of:

DBR Hearing

Network Plan Regulation Public Hearing

September 24, 2018



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STATE OF RHODE ISLAND

IN RE: STATE OF RHODE ISLAND
OFFICE OF THE HEALTH INSURANCE
COMMISSIONER
NETWORK PLAN REGULATION PUBLIC HEARING
MEETING

DATE: September 24, 2018
TIME: 3:00 p.m.
PLACE: Department of Labor & Training
1511 Pontiac Avenue
Building 73-1
Cranston, Rhode Island

APPEARANCES:

Jay Garrett
Alyssa Metivier

ALSO PRESENT:

Corey Cane
Victor Woods
Cheryl Delpizzo
Courtney Miner
Melissa Gennari
Andrew Gazerro
Tinisha Richards

E X H I B I T S

EXHIBIT	DESCRIPTION	PAGE NO.
EXHIBIT 1	Position Statement of Delta Dental of Rhode Island Concerning Proposed "Network Plans" Regulations (230-RICR-20-30-9), 2 pages	14
EXHIBIT 2	Letter dated September 24, 2018, to Alyssa R. Metivier from Andrew Gazerro, III, D.M.D., 1 page	14

(ATTACHMENTS)

1 (COMMENCING AT 3:01 P.M.)

2 MR. GARRETT: Good afternoon,
3 Everyone. Welcome to the Department of Labor &
4 Training conference room for the Office of the
5 Health Insurance Commissioner's public hearing
6 of the proposed regulations related to the
7 certification and re-certification of network
8 plans.

9 Today's September 24th. The
10 time is 3:00 p.m. My name is Jay Garrett, and
11 I'm a principal policy associate and hearing
12 officer for the Office of the Health Insurance
13 Commissioner for these regulations.

14 Will other Office of the Health
15 Insurance Commissioner's staff in the room
16 please identify themselves.

17 MS. METIVIER: I'm Alyssa
18 Metivier, a health economics specialist.

19 MR. CANE: Corey Cane,
20 principal policy associate.

21 MR. WOODS: Victor Woods,
22 health economic specialist.

23 MS. DELPIZZO: Cheryl Delpizzo,
24 senior policy.

25 MS. MINER: Courtney Miner,

1 senior policy analyst.

2 MR. GARRETT: Thank you.

3 Did everyone get a chance to
4 sign in? I would ask that you sign in, please.

5 So we're here today for a
6 public hearing concerning the following
7 regulation pursuant to the Administrative
8 Procedure Act. Regulation is a proposed
9 adoption of Network Plan Regulation
10 230-RICR-30-9. The proposed rules and
11 regulations are promulgated pursuant to
12 Rhode Island General Laws 27-18.9 entitled the
13 Health Care Accessibility and Quality Assurance
14 Act. These regulations supplement the statute
15 by providing standard requirements and clarity
16 to include specify requirements for the
17 application for certification and
18 re-certification of network plans, requirements
19 for network adequacy, access, and continuity of
20 care for health care entity, requirements for
21 professional provider credentialing and
22 contracting, and reporting requirements.

23 The purpose of this hearing is
24 to afford interested parties an opportunity to
25 comment on proposed regulations. If you care to

1 speak, please sign in on the sheet. We will
2 call the speakers in order of sign-in. When
3 you're called, please identify yourself by name
4 and affiliation, if any, make your presentation.
5 And if you have a written copy of your
6 statement, we would appreciate having that for
7 the record.

8 All comments made during this
9 hearing are being recorded and will be included
10 in the public regulatory record for this
11 regulation. The comment period is open until
12 October 5th, 2018. If you'd like to provide
13 additional comments, please contact Alyssa
14 Metivier preferably by e-mail. Ms. Metivier's
15 contact information is included in the public
16 notice, and business cards are available next to
17 the sign-in sheet.

18 Ms. Metivier, do you have any
19 comments to date?

20 MR. METIVIER: I haven't
21 received any public comment as of yet.

22 MR. GARRETT: Okay. With that
23 being said, do we have any speakers to sign up
24 to speak today?

25 MS. GENNARI: Yes. I'd like to

1 speak. Melissa Gennari from Delta Dental of
2 Rhode Island.

3 MR. GARRETT: Okay.

4 MS. GENNARI: I do have a
5 written copy. Would you like a copy now while I
6 read it?

7 MR. GARRETT: Sure. Thank you.

8 MS. GENNARI: I'm Melissa
9 Gennari from Delta Dental of Rhode Island. I'm
10 just presenting a position statement of Delta
11 Dental of Rhode Island concerning the proposed
12 network plans, Regulations 230-RICR-20-30-9.

13 Delta Dental of Rhode Island
14 respectfully provides the following comments
15 with respect to certain of the Department's
16 proposed regulations concerning "Network Plans":

17 30-day maximum turn-around for
18 the resolution of complaints, Section 9.6.A(2).

19 This proposes new requirement
20 does not provide adequate time to feasibly and
21 accurately process complaints to final
22 resolution.

23 Complaints are received both
24 verbally and in writing and have no set format.
25 Most complaints, particularly those involving

1 quality of care or other matters concerning
2 participating providers and their services,
3 require additional information and documents in
4 order to professionally investigate and manage
5 to final resolution. Quite often the complaint
6 arrives without a phone number or e-mail contact
7 information for the Complainant, and the
8 necessary information can initially only be
9 procured by letter. Provider offices and other
10 third parties over whom DDRI has limited control
11 also have to be depended on to respond and
12 provide information in the documents on a timely
13 basis. And then, once all the information has
14 been collected, the complaint is required to be
15 vetted by the Dental Director, Quality Assurance
16 Committee, and staff, and sometimes external
17 compliance and legal resources.

18 The Department of Health, DOH,
19 Regulations that have governed this issue for
20 many years prior to the jurisdictional
21 transition to OHIC last year recognized the
22 limitations that carriers have in terms of
23 quickly investigating and reaching full
24 resolution of complaints. They are the same
25 limitations the DOH and OHIC face themselves in

1 resolving complaints regarding matters in which
2 they have had little or no direct involvement.
3 Those DOH regulations, Section 21.8.I(4)(c) duly
4 provided for complaints to be resolved within 60
5 business days of receipt of the necessary
6 information, except as to complaints concerning
7 nursing home facility inspections. For the
8 reasons set forth above, it is already difficult
9 to fully resolve complaints within that 60
10 business day requirement.

11 The proposed new required
12 30-day calendar day maximum final resolution
13 time drastically cuts -- by more than half --
14 the current 60 business day required turn-around
15 time and will simply not work. It would defeat
16 the goal of ensuring professional,
17 well-considered complaint resolution by not
18 providing sufficient time for that to be
19 accomplished, leading only to the further
20 disappointment of the members and providers the
21 regulation was intended to protect.

22 Required Annual Communication
23 To Members and Dentists Explaining Grievance
24 Process, Section 9.6.A(3).

25 In view of the near-universal

1 utilization of the Internet for information, and
2 in order to avert the substantial costs involved
3 in paper mailings to each member and provider
4 every year, as DDRI does not have e-mail
5 addresses for every member and provider, this
6 information should be allowed to be displayed
7 prominently -- and permanently -- on the
8 carrier's website or, as it is now for DDRI, in
9 its annual communication to subscribers advising
10 them how to obtain an up-to-date provider list,
11 in a newspaper of general circulation.

12 Apart from being a dated mass
13 commercial communication, repetitive,
14 duplicative paper mailings unnecessarily add to
15 the administrative cost of providing and
16 receiving health care benefits.

17 Adding Provider Directory
18 Information To ID Cards, Section 9.7.D.5.

19 The requirement in proposed
20 Section 9.7.D.5 that, contact information to
21 obtain an updated provider directory must be
22 clearly evidenced on the health care entity
23 website is certainly appropriate. However, the
24 additional requirement of that Section that this
25 information be included on the beneficiary's

1 insurance/health plan card in problematic. The
2 industry is moving away from the reliance on ID
3 cards. DDRI does not re-issue them to members
4 after their initial enrollment as a matter of
5 course, and they have fallen out of use, in
6 favor of government picture ID's, by members and
7 providers even for identification purposes.
8 Moreover, these small cards are already so
9 cluttered back and forth with basic ID
10 information and HIPPA disclosure language that
11 there is no room for further content.

12 Again, the near universal
13 medium for information concerning health
14 benefits carriers and their participating
15 providers is their website as opposed to dated
16 paper and card media. Also, as already required
17 by the Regulation, printed and paper copies of
18 provider directories must still be made
19 available upon request. The print ID cards
20 already include DDRI's Customer Service Center
21 telephone number and website domain address for
22 all inquiries.

23 Thank you for the opportunity
24 to provide these comments. We will be available
25 at your convenience to discuss further. Please

1 contact Melissa Gennari, Director of Compliance,
2 (401)752-6239; mgennari@deltadentalri.com.

3 MR. GARRETT: Thank you.

4 MS. GENNARI: Thank you.

5 MR. GARRETT: Is there anyone
6 else that would like to --

7 MR. GAZERRO: I would like to
8 speak. Andrew Gazerro. I'm from Council on
9 Dental Benefits, a Rhode Island Dental
10 Association. I also have a statement that I can
11 provide to you.

12 Regarding Network Plans
13 230RICR20309.

14 As the chair for the council on
15 dental benefits for the Rhode Island Dental
16 Association, I would like to express opposition
17 to Definition 10 of the proposal. As written,
18 the proposal states: Covered service or covered
19 benefit means those health care services to
20 which a beneficiary is entitled under the terms
21 of health care plan -- benefit plan. This is
22 too broad a definition for the term covered
23 service.

24 In 2009, the Rhode Island State
25 Legislature passed the nation's first

1 Non-Covered Services legislation. At odds
2 during the hearings was the definition of the
3 term "covered service." The Law 27-18.8-4
4 defines covered services as those services which
5 are reimbursable under the applicable
6 beneficiary agreement. And based on that
7 definition, it was originally understood that a
8 benefit payment had to be made for the service
9 to be considered covered.

10 Since 2009, some benefit plans
11 have re-interpreted "reimbursable" to mean a
12 service must only be capable of being
13 reimbursed. Any and all services listed within
14 a subscriber's contract are capable of being
15 reimbursed, and therefore, they would all be
16 considered covered services. As a result, if a
17 benefit plan denies or disallows the benefit for
18 those services, the providers are still required
19 to reduce the fee charged to a contractual
20 allowance. This is exactly what the law was
21 designed to prevent. The proposal of the word
22 "entitled" to define whether a service or
23 benefit is covered leaves too much to
24 interpretation. And therefore, I would ask you
25 to amend this section of the proposal.

1 In early 2018, the Rhode Island
2 Dental Association proposed an amendment to
3 Rhode Island General Law 27-18.8-4. We proposed
4 that covered services be re-defined as those
5 services reimbursed in whole or in part of the
6 dentist, provider. Using those terms
7 strengthens the understanding that a benefit
8 payment for the service rendered must be made to
9 satisfy the law. In addition, we had asked that
10 all exclusions to this provision, such as
11 waiting periods, frequency limitations, and
12 alternate benefit provisions be removed from the
13 language of the law since none of those
14 conditions result in benefit payments for the
15 services performed.

16 Therefore, representing the
17 dentists of the Rhode Island Dental Association,
18 I request that your definition of covered
19 services be amended to terms which better
20 reflect that payment must be made by the benefit
21 provider for the services rendered in order for
22 a service or benefit to be considered covered.

23 Respectfully, Andrew Gazerro,
24 Chair and Council on Dental Benefit, Rhode
25 Island Dental Association.

1 MR. GARRETT: Thank you.

2 Is there anyone else that would
3 care to comment?

4 Being no further comments, this
5 hearing is closed. Thank you.

6 EXHIBIT 1 (DOCUMENT MARKED AS
7 EXHIBIT 1 FOR IDENTIFICATION)

8 EXHIBIT 2 (DOCUMENT MARKED AS
9 EXHIBIT 2 FOR IDENTIFICATION)

10 (The proceedings concluded
11 at 3:15 p.m.)

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C E R T I F I C A T E

I, LISA L. CROMPTON, Certified Shorthand
Reporter, hereby certify that the foregoing is a
true and accurate transcription of my stenographic
notes of the proceedings in this matter on the
date and time specified in the caption hereof.

LISA L. CROMPTON

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