

Rhode Island Announces Requirement for Low Premium Wellness Health Benefit Plan

Freyer, Providence Journal

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The Rhode Island Office of the Health Insurance Commissioner on Monday announced requirements for insurance companies Blue Cross and Blue Shield of Rhode Island and UnitedHealthcare of New England to offer a "wellness health benefit plan" as part of a state law passed earlier this year, the Providence Journal reports. The plan, developed for individuals and businesses with 50 or fewer employees, requires beneficiaries to pledge to choose a primary care physician who has been ranked as cost-efficient and high-quality; have a health appraisal; maintain a healthy weight or enter a weight-management program; continue to be a nonsmoker or enroll in a smoking cessation program; and, if applicable, participate in a disease management program. Premiums for the plan will average \$314 per month for individuals and \$691 per month for families. The plan's deductible will be about \$500, and out-of-pocket expenses will be capped at \$3,000. In the first year, beneficiaries will be required to promise to participate in wellness programs; in the second year, they will have to provide proof of participation. Health plans will be responsible for developing criteria to monitor beneficiaries' compliance with wellness pledges. The plan also will create a tiered system of health care providers "who have demonstrated cost-effective, high-quality practice patterns." Beneficiaries will be required to pay more for physicians who are not in the "first tier," according to the plan. BCBS and UnitedHealthcare by Jan. 2, 2007, must submit proposals detailing how they will meet the plan's requirements, after which public hearings will be held and state Health Insurance Commissioner Christopher Koller will give his final approval. An estimated 120,000 Rhode Island residents would be eligible for the plan, though Koller believes actual enrollment would not be that high.

Concerns

BCBS spokesperson Kim Keough criticized the plan as "not doable" because it would take too long to result in savings and because there is not enough data to identify the most cost-efficient providers. In addition, BCBS and UnitedHealthcare expressed doubt that the low premiums would be financial success.