

## OHIC approves commercial health insurance rates for 2017

CRANSTON – Health Insurance Commissioner **KATHLEEN C. HITTNER, MD**, announced on August 11 her final decision on commercial health insurance premiums for 2017. She approved lower rates than those requested for most health insurers, resulting in approximately \$18 million dollars in savings for individuals and employees. The rising cost of medical care – the prices insurers pay to providers for particular services and the number of services members use – continues to be the main driver of health insurance premium growth.

“Throughout the rate review process, my staff and I must continuously balance affordability to the consumer with a legal obligation to guard the solvency of insurers,” said Commissioner Hittner. “We were encouraged to see several requests filed this year that sought more modest increases than in previous years, or even sought rate decreases. However, too many hardworking Rhode Islanders and business owners still struggle with the

increasing cost of health insurance for their families and their employees. There continues to be room to improve affordability as we transform the health care system.”

OHIC reviewed increases to premium rates for health plans sold to individuals, small employers, and large employers who purchase their coverage through Blue Cross Blue Shield of Rhode Island (BCBSRI), Neighborhood Health Plan of Rhode Island (NHPRI), Tufts Health Plan (Tufts) and United-Healthcare (United).

All reviews were conducted under OHIC’s annual rate review process except for Blue Cross Blue Shield of Rhode Island’s individual health plans. BCBSRI’s individual plans were subject to a separate rate review hearing that is required by Rhode Island law. OHIC also reviewed each health insurer’s contracts to ensure that plans sold in Rhode Island meet all benefit, access, and member cost sharing standards required by the State and the Affordable Care Act. OHIC’s final decision

includes changes to insurers’ medical expenses and contributions to reserves and profit.

In the individual and small group markets, the EHB (Essential Health Benefits) Base Rate represents the premium for a hypothetical plan with no cost-sharing for a 21-year-old. The Weighted Average Overall Rate Change includes adjustments to the plans offered to reflect the benefits selected, including modifications to prior year benefits and pricing. This is the average premium increase to consumers, before reflecting changes in age. Final rates will differ based on a subscriber’s age and the benefits he or she chooses. In the large group market, the expected premium increases are averages—employers will see higher and lower rates depending on demographic changes in their workforce and their own company’s rates of medical care utilization.

For more detailed information, see the Requested and Approved Summary for 2017 Rates. ♦

## Screening women with endometrial cancer for genetic risk recommended

PROVIDENCE – Women & Infants Hospital of Rhode Island was the fourth largest recruiter of women for a study in which the authors concluded that women with endometrial cancer should also be screened for genetic risk for Lynch syndrome, a hereditary colorectal cancer.

The study - entitled “Combined Microsatellite Instability, MLH1 Methylation Analysis, and Immunohistochemistry for Lynch Syndrome Screening in Endometrial Cancers from GOG210: An NRG Oncology and Gynecologic Oncology Group Study” – was printed in the *Journal of Clinical Oncology*. Authors include **PAUL DISILVESTRO, MD**, interim director of the Program in Women’s Oncology at Women & Infants and head of the Program’s research arm.

“This research reinforces the need for screening, and the value for us is that Women & Infants already does these screenings,” notes Dr. DiSilvestro, who is also a professor of obstetrics and gynecology at The Warren Alpert Medical School of Brown University. “The study is based on a large cohort of women with endometrial cancer who had

information and tissue collected for examination.”

The researchers took on the challenge of identifying a best screening practice for Lynch syndrome, which had not been identified to that point despite the fact that endometrial cancer is the second most common malignancy in patients with Lynch syndrome.

Analysis of more than one thousand endometrial cancer tissue samples through the study suggested a probable link to Lynch syndrome in 41 percent of the women. The results also indicated that women of all ages with endometrial cancer should be screened. More than 24 percent of those women identified as genetic mutation carriers as part of this study were over the age of 60.

“Restricting Lynch testing to certain age groups could result in missing a substantial fraction of genetic disease,” Dr. DiSilvestro says. “Identifying women with endometrial cancer and Lynch syndrome benefits them as well as their at-risk relatives.” ♦