

In The Matter Of:

*Division of Insurance - Docket No. G2010-05
Small Business Health Insurance Premiums*

*Fitchburg
March 8, 2010
Public Informational Hearing*

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Attorney's Notes

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1 this hearing appeared through publication on
 2 Thursday, February 10th, 2010, and on the Division's
 3 website as of February 23, 2010. In addition,
 4 individual notification of the hearings was sent to
 5 parties who requested that they be apprised of such
 6 proceedings.
 7 Following Division protocol, I would like
 8 to start with any statewide or local elected
 9 officials, and with that I would welcome
 10 Representative DiNatale.
 11 **REPRESENTATIVE DiNATALE:** Thank you,
 12 Commissioner. I want to thank you for coming out
 13 today, yourself and your staff. It's obviously very
 14 important to the City of Fitchburg, as a small
 15 business community. That's what we have more of
 16 than anything else. It's becoming more and more
 17 unsustainable with these rising costs, obviously.
 18 And I know the folks that are here that are directly
 19 impacted by this today will speak about that.
 20 But I'm pleased to see that the Governor's
 21 Office as well as some legislators that I've joined
 22 with myself, Senator Moore, Representative Stanley,
 23 are trying to file legislation that's going to
 24 address some of these deficiencies or some of the

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1 extraordinary cost increases that we've seen. So we
 2 need to gain control of this. It's a buster to
 3 these small business organizations, and we need to
 4 do something to address it.
 5 I'm hoping that we can do this, and I know
 6 it may not happen quickly, but I'm hoping we can do
 7 something quickly, with that April 1st date coming
 8 very, very rapidly. So I appreciate your efforts on
 9 that behalf and the Governor as well. Thank you.
 10 **COMMISSIONER MURPHY:** Thank you,
 11 Representative.
 12 With that, we'll move on to the sign-in
 13 sheet, the first individual, Ed Meyer.
 14 **MR. MEYER:** Good morning, my name is Ed
 15 Meyer. I have been a group insurance broker for
 16 more than 25 years, and I have never seen rate
 17 increases like we're seeing this year. So far this
 18 year we've only had one renewal come in under 30
 19 percent. That renewal resulted in a one-year
 20 increase of \$141,588 to a client.
 21 How does a small business absorb an
 22 increase in medical insurance premiums of more than
 23 \$141,000 in a single year? Clearly, we must do
 24 something. We must do it soon.

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1 We must stop situations like Partners
 2 Health Care merging the Brigham and Mass. General
 3 Hospitals to leverage their buying power and forcing
 4 insurance carriers to pay them an average of 30
 5 percent more than similar nonpediatric hospitals
 6 statewide. A medical procedure that would cost
 7 \$2,000 at UMass in Worcester would cost \$600 more at
 8 Brigham's, for no apparent reason.
 9 We must stop insane medical malpractice
 10 judgments that have skyrocketed malpractice
 11 insurance costs, forcing even higher medical
 12 insurance premiums. We must rein in prescription
 13 drug manufacturers that charge Americans
 14 significantly higher rates for the same medications
 15 that they sell just over our borders in Canada and
 16 in Mexico.
 17 We must increase penalties for those
 18 individuals who do not carry medical insurance
 19 coverage. Our current universal health care bill,
 20 Chapter 58, allows individuals to go on or off the
 21 Connector plans at any time with no pre-existing
 22 conditions limitations. Too many young, healthy
 23 people forgo insurance until they are sick,
 24 burdening insurance carriers with older, less

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1 healthy subscribers and getting young people covered
 2 only when they need expensive treatments.
 3 Two provisions of this new affordable
 4 health plan will go a long way toward reducing our
 5 medical insurance costs. Establishing a statutory
 6 rate cap on reimbursements to all providers at no
 7 more than 110 percent of Medicare rates will allow
 8 insurance carriers to negotiate lower, more
 9 reasonable rates from providers. Establishing a
 10 minimum medical loss ratio of 85 percent and limits
 11 on post-tax underwriting surpluses to 2 percent for
 12 the entire small group/non-group market will set
 13 limits on the minimum amount insurance carriers must
 14 spend directly for medical procedures.
 15 Some of my fellow insurance brokers are
 16 upset with me for supporting this bill because it
 17 will limit our commissions. Yes, this bill will cut
 18 our commissions, but it's something that we must
 19 pass if we want to preserve health care as we now
 20 know it. I urge all small businesses to put aside
 21 politics and support passage of this bill
 22 immediately. Thank you.
 23 **COMMISSIONER MURPHY:** Thank you, Mr. Meyer.
 24 Walter Oney.

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1 **MR. ONEY:** This microphone is sitting here
2 so inviting. Would you like us to use it?
3 **COMMISSIONER MURPHY:** Yes, please, if you
4 don't mind. Also for the transcription, it will be
5 easier if you do.
6 **MR. ONEY:** Mr. Commissioner, thank you for
7 the opportunity to speak. My testimony is very
8 brief, and I have a written summary of it that I'm
9 giving to the reporter.
10 I am Walter Oney. I am a consumer and a
11 consumer bankruptcy attorney in solo practice here
12 in Fitchburg. I have no employees. I have an
13 insurance plan with Harvard Pilgrim that I'm
14 obtaining through the Northeast Business Trust, and
15 the only people insured on that plan are myself and
16 my wife.
17 Last year I spent \$19,000 on health
18 insurance, and that was 33 percent of my overhead.
19 It's slated to go up to \$22,000 this year, and,
20 again, this is a staggering burden. It's my major
21 expense. I struggle to meet that payment every
22 month. As you can understand, doing what I do, my
23 clients are all poor, and they can't afford to pay
24 extravagant prices for legal services.

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1 By way of comparison, that \$22,000 a year
2 that I'm expecting to pay this year for medical
3 insurance, that would retire -- that's the annual
4 payment on a \$350,000 mortgage. It's not
5 sustainable, and I would urge you to rein in anyone
6 who is trying to raise their rates this year. Last
7 year the Consumer Price Index, as you know, went
8 down, and I find it hard to justify in my own mind
9 why premiums would be going up as much as they are.
10 Thank you very much.
11 **COMMISSIONER MURPHY:** Thank you, Mr. Oney.
12 We have some individuals who signed in
13 "Maybe," so I'll call you, and if you're interested
14 in coming forward, please do. Kathy Mills.
15 **MS. MILLS:** I'll speak. Good morning. My
16 name is Kathy Mills, and I am from Leominster. I am
17 self-employed. I have a business called HR Off-Site
18 Resources. I provide human resource services for
19 small and midsized companies. I wasn't planning to
20 give a formal speech today, so I don't have anything
21 to submit, but I do have some comments.
22 First, as a small business owner, I carry
23 Fallon insurance, and my renewal policy is coming up
24 in April. That's going up 26 percent. It's a

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1 significant jump for someone that's self-employed.
2 Also, most of my clients are small
3 companies with under 20 employees, 15 to 20
4 employees. This year alone, I've worked in their
5 offices, and I've seen what their bottom line
6 profits are for 2009, and they're barely making any
7 profit. For them to incur an increase of 26 percent
8 and continue to offer insurance means they've got to
9 pay for it somewhere. It's not coming out of the
10 profit. They don't have enough money to sustain
11 that type of increase. Where is that going to come
12 from?
13 They want to be able to continue offering
14 health insurance. They try to pay 50 percent of the
15 cost, some as little as 33 percent, but the majority
16 50 percent. But that is going to have to come
17 somewhere. I don't know how that's going to
18 stimulate small business in Massachusetts to grow,
19 you know.
20 So something has to be done regarding this,
21 and those are the comments that I wanted to make.
22 **COMMISSIONER MURPHY:** Thank you.
23 There's another individual who signed
24 "Maybe," so if you're interested, Cynthia Boucher.

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1 **MS. BOUCHER:** Yes.
2 **COMMISSIONER MURPHY:** Sorry if I butchered
3 your name.
4 **MS. BOUCHER:** No, that was it. You got it.
5 I also do not have a prepared statement,
6 but I appreciate your being here today. I just --
7 what I did is, I wrote down just the last few years
8 what our experiences have been, and I just had a
9 couple of -- like the gentleman who spoke before, we
10 are a Mom-and-Pop business. It's Commonwealth Water
11 Purification Company. We are incorporated, and
12 we're in Winchendon, Massachusetts. It is just my
13 husband and I and my daughter who is a college age
14 student.
15 Fallon Community Health were our providers
16 for many, many years, and in 2008 -- this is
17 something I wanted to bring up to you -- in 2008,
18 Blue Cross and Blue Shield through our broker
19 offered what I understand to be somewhat of a sale
20 to get new people to join their group, so in the
21 fall of 2008, we did switch from Fallon.
22 We were paying at that time approximately
23 \$16,000 a year for Fallon. And we switched over to
24 Blue Cross Blue Shield, and it was a drop to just

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1 \$13,000 a year. So we were able to see those
 2 savings, and we thought that that was great.
 3 However, in the fall of 2009, when our
 4 renewal came up, Blue Cross Blue Shield raised our
 5 rates 49 percent. At that point in time, I thought
 6 this is unethical. I really did. They get the
 7 sale, and they get you in, they suck you in, and
 8 then they raise the rates 49 percent. I didn't go
 9 along with that, and so I again changed my provider,
 10 and we are now with Tufts.
 11 We began with Tufts in the fall, but now,
 12 being April 1st, we go through SBSB out of
 13 Worcester. April 1st we just got our increase. And
 14 it's interesting because, you know, the media is
 15 talking about the increases being 29, 30 percent, or
 16 whatever. We got our increase, and it was only 17
 17 percent, and that's how jaded we are. I thought,
 18 "What a bargain, it's only 17 percent." And so we
 19 are actually, for this year, we are up to about
 20 \$18,000 a year that we need to pay for our privilege
 21 of having the health insurance.
 22 But in addition to that, I know we chose to
 23 switch providers in an attempt to keep the costs
 24 down. And I have to tell you, these are not the

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1 best policies. These are \$1,000 deductible per
 2 person or \$2500 deductible per family. There's no
 3 dental on this. Last year alone -- I did my
 4 taxes -- last year alone, my daughter had to have
 5 her wisdom teeth out. With that, and with our
 6 copays and all of our deductibles, we paid last year
 7 \$16,000 for the premium, but we paid an additional
 8 \$7,000 out-of-pocket expense, for a total of
 9 \$23,000.
 10 I'm sure everybody sitting in this room is
 11 going through exactly the same thing. I know that
 12 many small businesses, in order to keep their
 13 premiums down, are looking at much higher
 14 deductibles. But, you know what, when those things
 15 come true, if in fact you do have a catastrophic
 16 accident or a health issue, you have to pay that
 17 money out, and with the economy the way it's been,
 18 it's not that easy.
 19 So if there's anything that you can do --
 20 and I would be interested in understanding how you
 21 may impact this April 1st increase. If there is
 22 anything that you can do for the small businesses,
 23 it would be greatly appreciated, because we cannot
 24 afford this.

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1 We would, at some point in time in the
 2 future, like to put on some additional people to
 3 work with us, when the economy gets better. We
 4 cannot afford to offer them health insurance. We
 5 just can't afford it.
 6 **COMMISSIONER MURPHY:** Now, just I guess to
 7 step back a little to talk about the Governor, he's
 8 taken both a regulatory approach for immediate
 9 relief and then a legislative approach.
 10 So on the more immediate side, and the
 11 Governor recognizes that coming out of any economic
 12 downturn, the first place that jobs are created is
 13 at the small business level, it's not on the large
 14 business side. So using our existing authority, the
 15 Governor had us on February 10th file a regulation
 16 that any carrier in the small group market has to
 17 file their proposed rates with the Division of
 18 Insurance at least 30 days in advance.
 19 So for the April 1st renewal, on March 2nd
 20 last week, we got over 40 filings, because each
 21 company has got several products underneath it.
 22 We're now requiring a significant amount of
 23 actuarial data to support those proposed rates.
 24 We have internal technical staff,

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1 actuaries, that are going through all of that data
 2 right now. There's a lot of back and forth with the
 3 companies to clarify and get more specific data.
 4 And then probably in two or three weeks we will be
 5 able to make a determination, based on that data, if
 6 we should disapprove those rates.
 7 **MS. BOUCHER:** If you do disapprove the
 8 rates, then what will happen?
 9 **COMMISSIONER MURPHY:** There's a process
 10 after that. The carrier can ask for a hearing, and
 11 that would take probably a few more weeks, before
 12 the Division of Insurance. If we do disapprove the
 13 rate, the carriers have been made aware that they
 14 need to contact the consumers and either credit them
 15 back or credit going forward back to their April
 16 1st, 2009, rate.
 17 **MS. BOUCHER:** Okay. Thank you very much.
 18 **COMMISSIONER MURPHY:** Thank you for coming.
 19 Kris Specht?
 20 **MS. SPECHT:** Hi. I'm Kris Specht,
 21 president and CEO of Comrex Corporation, which is a
 22 small business that manufactures electronics
 23 equipment. We're out of Devens, Massachusetts.
 24 I'm astounded that our rate is only 17

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1 percent, and I'm just now learning that that's
2 awesome. It's really hard for me to think of it as
3 such.
4 When I learned of this increase, I did call
5 the Governor's Office, having heard this
6 announcement from February, and got through to
7 people, I assume in his constituent line, who knew
8 nothing about it. They gave me a phone number to
9 call, which turned out to be the press pool. I
10 called the press pool. They said, "Why are you
11 calling me?" I said, "I don't know."
12 They gave me the number of the Commissioner
13 of Insurance's Office, who instructed me to go ahead
14 and file for the Connector plan, that that would
15 make a difference in my life. We have Tufts
16 insurance. Comrex pays 80 percent. We have a nice
17 HMO plan, and we try to take really good care of our
18 20 employees.
19 So we plugged in all of our data into the
20 Connector plan website, a nice easy thing to do, and
21 got back that Tufts would only cost us 10 percent.
22 That was really exciting. Well, it still sucks, but
23 it sucks less.
24 So as we looked into that further and

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1 further, we learned that this is some Tufts limited
2 plan, and the list of hospitals that my employees
3 actually could go to was ridiculously small.
4 So there I'm in a position where I have to
5 tell my guy who is currently undergoing
6 chemotherapy, "I'm sorry, you have to discontinue
7 your treatment with Beth Israel. I'm sure Joe's
8 Body Shop and Chemotherapy Factory will be just
9 fine." I'm being a little facetious.
10 I'm trying not to be emotional about this,
11 but it is an emotional issue. How am I supposed to
12 tell my employee whose wife is due in two weeks with
13 their first child that they have to switch to a
14 different obstetrician? That's not an acceptable
15 solution. How could your office send me there?
16 That's not okay.
17 I was excited when I heard this edict from
18 the Governor. My rates are -- my contract is up
19 April 1st. I should be right there, ready to get
20 some help from you guys, and my insurance company
21 and the agents that research rates for me laugh
22 about it. I mean -- "Yeah, yeah, nothing is going
23 to come of that. You have to pick a plan and sign
24 up."

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1 So I pick a 17 percent plan and then hope
2 that you guys roll the rates back? Do I go to a
3 higher deductible and try to figure out some way to
4 self-insure? Fortunately Comrex is one of the few
5 companies -- we do a lot of export, so we do have a
6 business after this economy. It used to be 28
7 percent outside the country. Right about now it's
8 about 72 percent outside the country. Things are
9 tough.
10 I'm looking for guidance from you. What
11 should we do? Last year we had a 12 percent
12 increase. I learned of this, and quite
13 coincidentally, it just happened that somebody who
14 was 52 years old left our business. We had them
15 rerun the rates, one 52-year-old in 20 people, and
16 we only had a 1 percent increase last year.
17 What's wrong with this picture? How can I
18 hire somebody and not consider their age? I can't
19 do that to the rest of my employees. They still
20 have -- we pay 80 percent, but they still have the
21 20 percent. We haven't been able to give them a
22 cost of living increase in a year and a half. They
23 can't afford that. So that's an effective huge pay
24 decrease for them.

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1 So I'm looking for some guidance. It is a
2 no-brainer to me that pooling with other small
3 businesses would have to help. I mean, we're a
4 relatively young company, obviously, if can you see
5 one 52-year-old skews us down from 12 percent
6 increase to 1.
7 I'm hiring a guy this week. I'm sitting
8 across the table from 50-year-olds and 20-year-olds.
9 It's damn hard. It's damn hard to only see them on
10 their merit and pick the right person.
11 What do I do next week? I could fire a guy
12 who is 60. That would fix our problem for this
13 year. The other problem with this 10 percent
14 increase with this Connector plan that's
15 unacceptable is, if I had signed up for that last
16 year, I would likely have a 17 percent increase with
17 that crappy plan. So that's solving nothing.
18 So I guess I have a few messages. First of
19 all, I was very, very disappointed with the
20 information I was able to get calling your office.
21 I appreciate greatly what you all are trying to do
22 and that you're here listening. That has to trickle
23 through to the people answering your phones.
24 You've got to give us a better answer,

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1 because obviously I'm sitting here in Fitchburg
2 talking to you about health care. I should be
3 working on a deal to sell codecs to the Finns and
4 increasing tax base and revenue and hiring more
5 people. And that's what I would be doing. But this
6 has now become such a crisis point that I really
7 feel like I, as a business owner, have to be here
8 talking to you.
9 So I guess that's pretty much all I have.
10 **COMMISSIONER MURPHY:** Thank you.
11 **MS. SPECHT:** If you have any answers, I
12 would appreciate it.
13 **COMMISSIONER MURPHY:** On your comment on
14 what we call group purchasing cooperatives banding
15 together, that is an idea that the Governor is
16 interested in. He asked us to hold some sessions
17 about it.
18 People are sort of all over the map on it.
19 Some small businesses believe it will bring some
20 relief. Some consumer advocates and others have
21 concerns about its further segmenting the market.
22 And so we are looking at that, and our report later
23 this month will address what types of consumer
24 protections need to be in it to get around some of

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1 those concerns.
2 **MS. SPECHT:** I'm looking at a draft of S.
3 446. Are you familiar with that? It's small
4 business pool proposed -- I think it was handed to
5 me by the Chamber of Commerce, H. 4452 and S. 446,
6 "An Act Relative to Small Business Health
7 Insurance."
8 **COMMISSIONER MURPHY:** Yes, that's the
9 affordable --
10 **MS. SPECHT:** Which looks like it would
11 develop a pooling mechanism. And I guess, if the
12 rest of my colleagues out there are getting 30
13 percent increases, I'm better to sit as an island,
14 but how horrible is that? I mean, I really think
15 that some buying clout would make sense.
16 **COMMISSIONER MURPHY:** Thank you.
17 John Sullivan.
18 **MR. SULLIVAN:** Good morning, Commissioner,
19 Counselors. John Sullivan, Blue Cross Blue Shield
20 of Massachusetts. Thank you for the opportunity to
21 testify today. I know this has been a worthwhile
22 endeavor in terms of hearing from small businesses
23 who are our customers, and the messages that they
24 have been giving are being relayed back to the home

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1 office.
2 This conversation should really begin and
3 end around health care costs. Health care costs are
4 rising at a rate that is not sustainable for
5 families, business or government. Massachusetts
6 expenditures are higher than those in other states
7 and represent a growing share of the economy.
8 90 cents of every premium dollar goes
9 towards paying medical services on behalf of
10 members. And without the ability to recover those
11 underlying medical expenses, these rapidly
12 increasing costs are not sustainable for health
13 insurers. Direct reforms, reforms that we have
14 spoken about in the past, are needed to address the
15 escalating cost of coverage.
16 At the conclusion of the Division's most
17 recent hearings on small group health insurance cost
18 increases, we offered a set of recommendations that
19 would significantly reduce health care cost trend in
20 Massachusetts. There are four themes to those
21 reforms.
22 First, we'd limit adverse selection and
23 encourage a healthier overall risk pool. We hope
24 that the DOI adopts our recommendations to address

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1 these unintended consequences of the merged market,
2 which has led to a 4 to 5 percent increase in
3 premiums for small groups. These reforms also
4 included an annual open enrollment period for
5 individuals, allowing the purchase of individual
6 coverage only when group coverage is not available,
7 and creating a high-risk pool.
8 Secondly, we recommend the adoption of
9 specific cost containment initiatives that will not
10 only help reduce costs, but will also attract many
11 of the young and healthy individuals who have not
12 chosen to purchase coverage, thereby improving the
13 overall risk pool. Some of those examples include
14 removing the tobacco and wellness rate factors from
15 the two-to-one rate band, allowing greater
16 flexibility on tiered networks and limited networks,
17 and strengthening the Determination of Need process
18 to address facilities that provide care.
19 Thirdly, there are ripe administrative
20 simplification initiatives that we urged the
21 Division to adopt. For example, we recommend
22 allowing greater flexibility to cancel discontinued
23 products that are closed to new members and
24 streamline administrative requirements and data

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1 requests that are taking place from various state
2 agencies adding to the cost of care.
3 Lastly, we wish to emphasize that a broader
4 statewide payment reform is the best way to address
5 long-term affordability. We fully support the
6 recommendations of the Payment Reform Commission,
7 which voted unanimously to move away from the
8 current fee-for-service program to a more global
9 payment system within five years.
10 Blue Cross Blue Shield of Massachusetts
11 strongly believes that these critical reforms are
12 necessary, and we recognize that solutions are
13 needed both in the short and long term.
14 However, rate caps, as we have said before,
15 are not the answer. Any regulatory approach that
16 does not present health plans with adequate funds to
17 cover the underlying costs of care will quickly lead
18 to issues of financial solvency, and a potential
19 member or provider network would be disrupted.
20 Any temporary plan that seeks to
21 artificially cap rates at a level other than the
22 real cost of the underlying care would also have the
23 effect of creating a gap between the true cost of
24 medical services and the price of the insurance.

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1 That concludes our testimony. I would be
2 happy to answer any questions.
3 **COMMISSIONER MURPHY:** Thank you, Mr.
4 Sullivan.
5 Eric Linzer?
6 **MR. LINZER:** Good morning, Commissioner
7 Murphy, Counselor Bagley, Counselor Parker. Thank
8 you for the opportunity to testify this morning.
9 For the record, my name is Eric Linzer. I'm the
10 Senior Vice-President for the Massachusetts
11 Association of Health Plans. We're a nonprofit
12 trade association that represents 11 health plans in
13 the Massachusetts marketplace.
14 Like many before me, we do share the
15 concerns of small businesses with the rising cost of
16 health care. We recognize that rising health care
17 costs have been a major impediment to improving the
18 Massachusetts economy and recognize that small
19 businesses are struggling.
20 At the same time, we think it's important
21 to note that the rising costs of health care and
22 premium increases are inextricably linked, and until
23 we do something to address the underlying costs for
24 medical services, it will make it difficult to be

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1 able to provide more affordable health insurance for
2 small businesses.
3 As the recent reports from the Attorney
4 General's Office and the Division of Health Care
5 Finance and Policy indicated, Massachusetts health
6 care costs and the prices we pay for medical
7 services are significantly higher than the national
8 average. For example, the state's Division of
9 Health Care Finance and Policy noted that
10 Massachusetts health care costs are 15 percent above
11 what we pay nationally.
12 In order to make health care costs more
13 affordable and health insurance more affordable for
14 small businesses, we recognize that we need to do
15 something to get at the underlying health care costs
16 and specifically what we pay for services.
17 To that end, we would like to note that
18 last January, when the Governor had asked health
19 insurance executives, hospital representatives, and
20 folks from the physician community into his office
21 last January, over the concerns with rising health
22 care costs, and urged folks to come together to
23 offer alternative solutions, our association
24 answered the call, and we came up with what we call

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1 the Affordable Health Plan. It's House Bill 4452,
2 and it was filed by Senator Richard Moore and
3 Representative Harriet Stanley, the Chairs of the
4 Health Care Financing Committee.
5 What the bill does is three things. First
6 it sets a new product in the marketplace designed
7 for small businesses that would be on par with the
8 Connector's Commonwealth Choice Bronze level
9 product. We recognize that it's a product that many
10 folks are moving to, both from a small business
11 standpoint, but also from an individual standpoint,
12 because it does provide a lower-cost premium, albeit
13 with -- built off of a high-deductible plan.
14 The proposal would also add two other
15 components designed specifically to get at what we
16 pay for health care and to provide some relief to
17 small businesses. First, it would set a rate for
18 providers paid for services for this particular
19 product to no more than 10 percent above what the
20 federal Medicare program pays. Second, it would cap
21 health insurance profits for the entire small group
22 market to no more than 2 percent.
23 Taken together, these three components
24 could cut the costs of small businesses by as much

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1 as 22 percent.
 2 Now, the chart to my right indicates what
 3 individuals at different age groups going through
 4 the Connector today, if they were purchasing
 5 coverage for this month, would pay by cutting the
 6 premium by up to 22 percent. For example, an
 7 individual age 40 today would probably be paying on
 8 average about \$296 per month. Reducing the premium
 9 by 22 percent would cut it by \$65 or as much as \$780
 10 annually.
 11 A family of four, with two individuals,
 12 both over the age of 40, probably would pay about
 13 \$904 today in the Fitchburg area. Cutting the
 14 premium by 22 percent would reduce it by almost \$200
 15 per month and almost \$2400 per year.
 16 What this means for small businesses is
 17 that a company based here in Fitchburg with 40
 18 employees, with a mix of individuals, some in their
 19 30s, some in their 40s, some on individual coverage,
 20 some on family coverage, may pay roughly \$495 per
 21 employee per month. Cutting the premium by 22
 22 percent would reduce that employer's cost by about
 23 \$109 per employee per month or \$4300 per month for
 24 those 40 employees, which would then translate out

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1 to a savings of roughly \$52,000 per year.
 2 Now, we recognize that, again, this is not
 3 a perfect solution. The bill would sunset within
 4 three years. This was geared for two things: One,
 5 to provide some relief to small businesses until the
 6 economy gets moving again; and second, it recognizes
 7 that the state is in the process of moving towards a
 8 system of reforming the payment system, but that
 9 experts and others who have been involved with that
 10 process recognize that that may take up to five
 11 years.
 12 Well, small businesses can't wait that
 13 long, which is why we think it's important that both
 14 health plans and hospitals and doctors all provide
 15 some sort of short-term sacrifice to be able to
 16 provide a more affordable product to small
 17 businesses. And we would urge that the Division
 18 include this House Bill 4452, the Affordable Health
 19 Plan, in any recommendations that it provides in its
 20 report to the Governor.
 21 We appreciate the opportunity to testify,
 22 and we would be happy to take any questions.
 23 **COMMISSIONER MURPHY:** Thank you, Mr.
 24 Linzer.

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1 That concludes the list of individuals who
 2 signed up on today's sign-in sheet. I know some
 3 people have come in since then. Is there anyone
 4 else who would like to come forward and speak?
 5 **MR. VanSCIVER:** Yes. I would like to
 6 speak. My name is Ken VanSciver. I own a company
 7 in Townsend. It's an individual rep organization,
 8 Data Power of New England. And because I'm a
 9 one-man show, I have to first join something in
 10 order to get a group rate. I have to join the
 11 Chamber, a few hundred dollars a year, that's fine.
 12 My premium last year, with one daughter
 13 home, for a good plan, was \$1682 a month. She got a
 14 job. It went down for one month to \$1182, a savings
 15 of \$500. I enjoyed that \$500 for one month, because
 16 the new rates in April for the same plan went up to
 17 \$1782. I don't know where the 17 percent and 19
 18 percent and 10 percent, I don't know where all of
 19 that is coming from. Mine went up 51 percent, which
 20 is -- you could have knocked me over with a feather.
 21 I have a wife who has had two cancer
 22 surgeries, chemo. I can't afford to move around.
 23 And I see this plan, which is nice, but health
 24 insurance shouldn't be rolling the dice. You should

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1 be covered.
 2 In order to take a lesser plan, I reviewed
 3 every single thing I could to see what kind of plan
 4 I could go to, and the deductibles went higher,
 5 higher, higher. Her scans at a certain point, which
 6 she has to have four a year, are not covered if I go
 7 to a lesser plan for less premium. And it just
 8 seems like the insurance companies or whomever, they
 9 got it all figured out as to what plans you can have
 10 and how they're still going to make their money or
 11 somebody is going to make their money, and the
 12 consumer is constantly going to get it stuck to
 13 them.
 14 So I had to go to a lesser plan right at
 15 the break, so that her scans were still covered and
 16 her meds were still reasonable, and that's now an
 17 increase of 37 percent instead of 51 percent. So
 18 now, with my daughter gone, I went from 1682 to 1182
 19 to 1782 to 1627, still completely unacceptable. And
 20 I'm stuck. I don't know what I'm going to do with
 21 the condition that I have in my family.
 22 So I think there's a lot more people like
 23 me out there, and these higher deductibles really
 24 aren't -- it's nice, it's a nice bridge, and I

1 appreciate, you know, what everybody is trying to
2 do, but they have this health care plan that the
3 President and his people are trying to push through,
4 and I really think that a lot of people aren't
5 unhappy with their health plans. I think they're
6 unhappy with their premiums, and that's really where
7 the problem is.

8 It isn't a thing of coverage. It's a point
9 of how much it costs an individual consumer. And
10 being a one-man operation, and having to join a
11 group so I can be a group, and then get it stuck to
12 me anyway, I don't see that as progress at all. I
13 don't -- 51 percent is absolutely ridiculous in one
14 year.

15 So that's my story, and I'm sure there's a
16 lot more like it out there. Thanks for listening.

17 **COMMISSIONER MURPHY:** Thank you.

18 **MR. LIVELY:** Good morning. I'm David
19 Lively, an insurance broker. I've been doing this
20 about 25 years, and I remember saying that, when
21 premiums got to \$700 for a family, people would no
22 longer buy health coverage.

23 The reality is that Americans will not --
24 cannot pay for the coverage they demand. They

1 demand great coverage, yet the premiums are
2 unaffordable. From Martha Coakley's study recently,
3 it clearly put the blame where it needs to be, on
4 the hospitals and our providers.

5 She mentioned in her study that so many
6 doctors and hospitals are able to charge whatever
7 they want, and that's a problem with medical
8 insurance in general, because it's the payment
9 system that works out. We pay the insurance
10 company. The insurance company pays for our
11 prescriptions, our provider, our hospitalizations.
12 Then we look and say, "Bad insurance company because
13 they raised my rates." We have no consumerism in
14 medical insurance. It's like buying a car, and you
15 pay \$100, everybody is going to buy a Mercedes.

16 You know, the problem is really, again, how
17 the system works, because we get hit with increased
18 premiums, yet we have no consumerism in the choices
19 we make. Health plans are starting to address those
20 with, like Ken mentioned, the incidental copays for
21 MRIs, expensive testing, because doctors and
22 hospitals, you really need to question your
23 provider. They are businessmen, and they are
24 looking to make money. I can't imagine how many

1 MRIs get done when a doctor buys a MRI machine for a
2 million dollars and starts doing them very randomly
3 and not necessarily when they need to get done. I
4 think we're overinsured.

5 I think another that problem providers face
6 is liability. I have heard that their insurance
7 premiums for medical liability can be a quarter
8 million dollars a year, which to the average person
9 is ridiculous. There needs to be some reform with
10 being able to sue your provider. That definitely
11 needs to go into effect from the provider's side.

12 We had thought of -- we had been approached
13 by Blue Cross to come out and work with them to
14 design a plan. We came up with a plan that would
15 work something like this: If you need an MRI done,
16 you have to make sure that you need it done. You
17 need a second opinion first to make sure that the
18 test is needed. Then you go to three places to get
19 three different prices, or you pay 10 percent of the
20 cost, which would bring in consumerism.

21 Again, the big problem with medical
22 insurance is there is no consumerism in what you do.
23 We all get brand-name medicines because our doctor
24 says we need them. We all get MRIs because our

1 doctor says we need them. We have hospitals that
2 are discharging people too quickly, because the rate
3 of people going back in for the same thing is
4 through the roof.

5 This plan sounds great. What it does is it
6 limits the cost that doctors and hospitals are going
7 to make, 10 percent above the Medicare rate, which
8 I'm going to bet is a heck of a lot less than most
9 providers charge now. The other thing that should
10 be built into it is some consumerism. Having people
11 take stock, maybe it's 10 percent of the cost that
12 they pay, or something where you can drive
13 consumerism or having to go to three different
14 places.

15 Blue Cross recently came out with a tiered
16 network plan, which somewhat addresses this,
17 because, if you go to a more expensive hospital that
18 still has the same outcome or a poorer outcome, you
19 pay more for that. That brings consumerism into the
20 plan to some degree. But again, it's the consumer
21 who is going to look at it, who has to go to a Tier
22 3 hospital, as a bad plan, because they have to pay
23 more. There needs to be education and consumerism.
24 Employees, business owners, and people need to get

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1 in touch with what the costs are.
2 Explanation of benefits should be mandated
3 to be sent out with every cost item that's done, so
4 an individual sees what Lipitor actually costs,
5 because all they care about is "What's my copay?"
6 That's all that matters.
7 Insurance carriers have gone in the right
8 direction to incentivize plans very effectively to
9 get people to get higher deductibles, hoping that
10 utilization would drop off. It really hasn't,
11 because people still listen to their doctor, and
12 when you need a major surgery done, you're going to
13 have it done, no matter what the cost is, because
14 you only pay a deductible or copay.
15 So I feel something needs to be done to
16 bring consumerism into the plan and definitely
17 address the runaway costs that providers and
18 hospitals are charging.
19 **COMMISSIONER MURPHY:** Thank you.
20 Is there anyone else who would like to
21 speak?
22 **MR. McKEEHAN:** Good morning. I'm David
23 McKeehan, the President the North Central Mass.
24 Chamber of Commerce. And first of all, I want to

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1 thank you for setting up this hearing here in
2 Fitchburg, which is important to the small
3 businesses in this community.
4 Our Chamber has 1400 members, 80 percent of
5 whom are five employees or less. I sit here and
6 listen to the comments of small business people, and
7 I'm sure you have heard as many as we do, because we
8 get calls every day with the same concerns that
9 you're hearing this morning and you've heard in your
10 other hearings.
11 There's nothing, in terms of silver
12 bullets, that I can add to the discussion this
13 morning. I know that the consistent theme that
14 you've heard this morning and we continue to hear is
15 that the focus needs to be on the cost of health
16 care.
17 Certainly there are some things that you
18 have under consideration that I think have merit.
19 The group affinity programs that are being discussed
20 may well be a partial solution, but the ultimate
21 solution is the focus on the cost of health care, to
22 deliver a lower premium to small business people.
23 Again, I want to thank you for being here
24 this morning.

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1 **COMMISSIONER MURPHY:** Thank you, Mr.
2 McKeehan.
3 **MR. WARDEN:** Hi. My name is Matt Warden.
4 I'm President and CEO of Central Mass. Web Design.
5 I wanted to come and talk to you today because I
6 don't offer health insurance to my employees, and
7 there's a policy right now in the State of
8 Massachusetts that when you get to 11 full-time
9 equivalents, you need to offer it; it's the law,
10 correct? If you want this economy to come back,
11 that's a problem. I won't hire five more sales reps
12 to go out and sell my product and services, because
13 that puts me over the number.
14 In speaking to what a lot of other people
15 have said, there's a lot of concern about rates out
16 there, monthly premiums, which is what the business
17 owner is going to have to front. I've been in
18 search for an affordable health care plan for three
19 years. I've talked to multiple agents. I have one
20 who I consider to be a good agent who I talk to two
21 or three times a year.
22 But I will not buy health insurance for my
23 employees when I'm listening to people talk about
24 17, 19, 20, 50 percent increases, because then what

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1 happens is, No. 7 employee, last in, first out,
2 they're getting laid off, because I've got to keep
3 the business running. I can't just offer health
4 insurance today, and then when it becomes too costly
5 in one year go, "Oh, guys, by the way, I've got to
6 drop it," and if I'm at 11 full-time equivalents, I
7 can't legally do that anyway, you know.
8 So it's a major problem. Listening to some
9 other people who spoke about interviewing
10 candidates, you know, it happens. You ask them in
11 the interview process, "Do you need insurance?" You
12 know, you want to know if this is something that
13 they want to have when you hire them.
14 I lost an employee last summer, a very good
15 employee, a 27-year-old, male who wanted to drive,
16 instead of driving from Sterling to Gardner to work,
17 he wants to drive from Sterling to Waltham, not
18 because his pay was more. His pay was the same.
19 It's because he got benefits. He got an 80 percent
20 benefits package.
21 I can't compete with that. How do I
22 compete with the people down in Boston when that's
23 what they're offering? So for now, I've kind of
24 leveled out at the fact that I'm going to keep that

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1 eight, nine, ten full-time equivalent level until
2 something changes.
3 Now, I know that when I offer health
4 insurance benefits, not all my employees are going
5 to take it. And you know what? That's a blessing
6 to me, because then I won't have to pay my 50, 60,
7 70 percent of whatever it is. But that's another
8 thing -- I don't know everything about health
9 insurance, but as I've been investigating it,
10 different plans require different percentage
11 contributions by companies, you know.
12 So it's all kind of a gray area to me, and
13 that's why I rely on that one person, but that's a
14 huge risk, to bring on thousands and thousands of
15 dollars a month when I could be bringing on
16 employees, growing my revenue, expanding my reach,
17 and adding more tax base to the State of
18 Massachusetts.
19 I've actually considered, instead of being
20 Central Mass. Web Design, being Southern New
21 Hampshire Web Design, and driving 20 more minutes
22 and not having all these problems. And people need
23 to think about that, because it's crazy. I could go
24 to Southern New Hampshire, and I don't know their

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1 laws, but I probably could have 12 full-time
2 equivalents and not have to offer it. I mean,
3 that's a huge barrier to growth, something to
4 consider.
5 **COMMISSIONER MURPHY:** Anyone else?
6 **MR. McGUANE:** Thank you for having this
7 forum. My name is Ryan McGuane. I'm actually
8 fourth generation at Foster Insurance. And I was
9 lucky enough to come on board about five years ago
10 as a financial advisor, and right as we were doing
11 health care reform, I got thrown into the role of
12 handling all the problems that our business clients
13 have, seeing that we insure close to -- a little
14 under a thousand.
15 A lot of my clients that I represent have
16 said a lot of the same exact problems that a lot of
17 people have come here today to voice. I had a girl
18 in our office that works for us. We have about 18
19 employees, and she started crying when our health
20 insurance premium went up 20 percent, "How am I
21 going to afford that?" I've had other clients that
22 only insure 11 or 12 people that have to pay over
23 \$100,000 a year to insure them. That's a cost that
24 -- they could have hired three more employees.

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1 So there's a lot of different variables out
2 there. I have also been in other situations where
3 I've seen the president of Hayward Hospital talk
4 about the cost shifting that goes on, that Medicare
5 and Medicaid pay one rate, and then the hospitals
6 have to make up the difference, so they have to
7 shift that cost over to the private sector and the
8 insurance companies.
9 There's a lot of variables that have to be
10 addressed. And I think what my clients really want
11 to see is more options. This option is very
12 attractive, dropping premiums by 22 percent. Blue
13 Cross came out with the tiered program. That also
14 rewards hospitals and doctors for efficient
15 operations. These plans are very effective in
16 giving clients the options that they need to choose
17 that's going to be effective for them in their
18 business operations.
19 Some other options, I mean, as a financial
20 advisor, I deal with a lot of high net worth
21 individuals that would love to self-insure, and now
22 that's not an option anymore. Businesses don't have
23 the option to self-insure.
24 I know that the Division of Insurance asked

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1 Mega to leave, Mega Life and Health, and granted
2 they had some sales professionals that were very
3 unethical and they mis-sold a lot of products, but
4 those products were incredibly valuable to my high
5 net worth clients. They had the liquidity to pay
6 the high deductibles. They paid a very low premium
7 to have catastrophic coverage. They paid all their
8 doctors' appointments out of their own pocket. They
9 understood what they were purchasing.
10 Now, I never represented that company, but
11 other local professionals did. And I would gladly
12 refer them clients in the situation that it made
13 sense for them financially.
14 So I think that having more options for
15 clients to choose from would be probably one of the
16 most valuable steps moving forward.
17 Thank you.
18 **COMMISSIONER MURPHY:** I appreciate your
19 comment on more options. In the package that the
20 Governor filed on February 10th, he's requiring that
21 each health plan offer at least one selective
22 network plan that's at least 10 percent cheaper than
23 the full network. We've heard through our hearings
24 that there was at least one carrier that had such a

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1 network plan with a 20 percent cost differential,
2 but for whatever reason they weren't really
3 marketing it. So I appreciate your comments.
4 Is there anyone else who would like to
5 comment today?
6 **MR. QUIRK:** Hello, folks. My name is Mike
7 Quirk. I'm the Human Resources manager for Foster
8 Tech Optics in Leominster and also a resident of
9 Fitchburg.
10 I believe the gentleman from Central Mass.
11 Web Design hits the nail pretty well on the head.
12 With the costs of health insurance in Massachusetts
13 going where they are, why do employers want to come
14 here, and why do employers that are already here
15 want to stay?
16 You folks put the Connector plan in place a
17 couple of years ago. A lot of it was well
18 conceived, some of it not quite so; for instance,
19 the fact that folks can come on and off the
20 Connector any time they want. There is no open
21 enrollment like we have in the business world.
22 So you've got healthy individuals who just
23 pay the penalty, because it's cheaper than it is to
24 join the Connector. So they just stay off of it

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1 until such time that they need to have surgery or
2 they have an accident or something, and they jump on
3 the plan. And as soon as they're fine, they get
4 back off again, so you end up with adverse
5 selection.
6 To talk about my own company, I'm a bit
7 humbled by some of the information I've heard here
8 today. My insurance broker has been telling me for
9 a while how lucky we are to just have a 16 percent
10 increase, and I guess that's actually the case.
11 That's what it would have cost us to keep our plan
12 the same year over year. We did make some changes
13 that were able to get us down to 4.8 percent, but
14 that doesn't come without a cost.
15 We have a copayment structure at my company
16 that had been \$250 for same-day surgery, \$500 for
17 hospitalization, \$75 for emergency room visits. We
18 basically doubled that this year, \$500 for same-day
19 surgery, \$1,000 for hospitalization, and \$150 for
20 someone to visit the emergency room.
21 Now, we have a health reimbursement
22 arrangement where we pay a large portion of those
23 copayments. We reimburse employees \$450 for their
24 same-day surgery copayments. We're going to

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1 reimburse \$900 of those hospital copayments and \$100
2 of the emergency room copayments.
3 But that's just a cost that goes to
4 straight to the bottom line. How long can a
5 employer afford to do that? So it goes back to the
6 question of why stay or why come here, when you
7 don't have to worry about that in Rhode Island or
8 New Hampshire or Connecticut or wherever else.
9 I appreciate you folks coming out and
10 talking to us today and listening to us. The other
11 problem I want to add is, if you increase these
12 copayments, you increase these deductibles like
13 people are talking about, well, eventually we bump
14 into something else that's part of the Connector
15 program, and that's called Minimum Creditable
16 Coverage.
17 I'm a member of the Central Mass. Employers
18 Association, and a lot of my peers are already at
19 MCC. They have nowhere else to go. They can't get
20 a 30 percent increase down to 15 percent or 10
21 percent, because they can't increase their
22 deductibles anymore. What do they do? Can they
23 drop the plan altogether? Well, that's not legal.
24 Most of those people have more than 11 full-time

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1 equivalents.
2 So, again, I appreciate your coming out
3 today and listening to what we have to say, and I
4 just urge to you keep at it. Thank you.
5 **COMMISSIONER MURPHY:** Thank you, Mr. Quirk.
6 Is there anyone else who would like to
7 comment today?
8 **MR. FLAHERTY:** Good morning. My name is
9 Kevin Flaherty, and I'm the Vice-President of
10 Operations for Ramsey Rehab. I think -- I am a
11 provider, and I'm also an employer too, as well, so
12 I think I come with an interesting perspective.
13 I have very similar comments that a lot of
14 the other small business owners have in regard to
15 the cost of their insurance. It's only on up. The
16 only time it went down over the past few years for
17 us to offer our insurance for our employee was to go
18 to a lesser plan that we didn't feel was -- it was
19 our only choice.
20 We had a similar situation where we were
21 able to get a great rate from Blue Cross for one
22 year, but then the next year, the only way we could
23 keep that great rate less than a 10 percent increase
24 was to go to a plan that offered the higher-end

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1 deductible.
2 As a provider, we fall under the
3 deductible. So physical therapy services is
4 actually a service that someone has to meet the
5 deductible before the insurance starts to kick in.
6 So what we're seeing now is where we bring
7 a client in for physical therapy services, make a
8 recommendation on their services, the recommendation
9 that we make is many times irrelevant, because it
10 all has to do with what can the person afford.
11 We may say, "We would like you to come in
12 for eight sessions, "and then they say, "Well, I
13 can't afford that." So where we are making a
14 professional decision on that person's health, at
15 the end of the day, it comes down to that
16 person's -- what their copay is going to cost.
17 The other end, as a small business provider
18 of less than 40 employees, we are not seeing 10 to
19 15 percent increases in our charges for what we're
20 billing for our services. If anything, it's
21 probably been less than 1 to 2 percent over the past
22 five years. We just recently received a workers'
23 comp. increase, which we're very pleased to get, but
24 that was the first increase we had gotten in over

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1 ten years.
2 When I go to a national forum with other
3 physical therapists, and I find out Massachusetts
4 workers' comp. rates are the worst in the entire 50
5 states, you know, I put my head down. And for me,
6 again, why would someone want to come to
7 Massachusetts to either work in a profession or have
8 to hire employees and pay for rates that just
9 continue to go up and not go down?
10 We've been talking within our professional
11 circle in regard to pay-for-performance issues,
12 which I think is something that you should seriously
13 address and look at. We feel that we run a very
14 good business, a very ethical business, where we
15 provide good service to our customers that come in.
16 But there are not -- there are plenty of other
17 providers out there that don't do that and are there
18 essentially to make money off the customers that are
19 coming in through a lot of different issues.
20 I think having some type of standards in
21 regard to performance would be very -- would help to
22 take the costs that are associated with the care and
23 help to put certain people in different pools. So,
24 if someone can provide the service with better

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1 quality and lesser fees, they would be reimbursed at
2 a higher rate than someone who overutilized
3 services.
4 We recently went from a system with Blue
5 Cross two or three years ago where a client could
6 come in and have as many, up to 30 sessions, as was
7 deemed medically necessary, to now they can only
8 have eight. And when they have -- once they
9 get eight, they have to go under a medical review.
10 So what that forces us to do as providers,
11 it forces us to have to just do more paperwork. It
12 usually also requires another phone call. So not
13 only are we trying to work with customers, we're
14 doing more paperwork, and then we have to be
15 interrupted from our work with the customer to take
16 a phone call from a representative from Blue Cross
17 to justify why that person needs two extra visits.
18 It's not like we're saying they should have
19 50 visits. We're saying our average number of
20 visits in our clinic is around 11 per patient, you
21 know, through the bell curve.
22 But there are plenty of other -- the talk
23 was a lot that this going from 30 to eight was
24 related to that there are plenty of other companies

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1 out there that only do 30, everyone was seen for 30.
2 So, from a Blue Cross standpoint, it made perfect
3 sense for them to say, "Let's start looking at what
4 is the physical therapy -- what are the costs that
5 are incurred with that." So it made perfect sense
6 for them, but for providers like us that are just
7 doing everything like we should, now it's just
8 increasing our administrative costs.
9 Our medical insurance plan for our company
10 renews in August, and I don't know what we're going
11 to do with our rate increase, which, from what
12 people are saying, is going to be over 10 percent.
13 We will probably have to lay off one to two
14 employees as a result of that to help offset that
15 cost. I can't see anything else for us to do.
16 We're at a point where we're right in the
17 middle, where we don't have enough, where we could
18 try and self-insure, but we don't have enough to
19 really make it worth our while to go to the
20 insurance companies and talk to them one on one.
21 We have a great insurance agent who was
22 here today, who has done a great job taking care of
23 us, but I hate talking to him, because every time he
24 comes to talk to me, the number is over 10 percent.

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1 And August is just not a fun time in our
2 administrative offices at our company.
3 So I think there's a lot of people with a
4 lot of the similar issues. I don't think we have
5 the correct solutions right now, but I think, if we
6 don't find them soon, I think we're going to find
7 that there's a lot more businesses that will
8 continue to leave the state, and where we have a
9 shortage of providers like ourselves right now, it's
10 only going to get worse.
11 I want to just thank you for giving us all
12 the opportunity to come and chat with you.
13 **COMMISSIONER MURPHY:** Thank you. Is there
14 anyone else who would like to comment today?
15 Seeing none --
16 **MR MEYER:** Could I address a couple of
17 quick things? I know I got to speak earlier, but if
18 you don't mind.
19 **COMMISSIONER MURPHY:** Sure.
20 **MR. MEYER:** A couple of things. People
21 mentioned group purchasing, and group purchasing is
22 a great idea, but we looked at it in our town for
23 our regional school system, and unfortunately one of
24 the towns has got a very old group, another town has

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1 got a very young group.
2 Let's equate it to life insurance. I am 65
3 years old; my cost might be 90 cents. Mike is 25
4 years old; his cost might be 10 cents. Put them
5 together, you come up with a dollar. It's a good
6 deal for me. Now I'll be paying 50 cents. Good
7 deal for Mike? Where he would have been paying 10
8 cents, now he'll be paying 50 cents. Some of those
9 group plans don't work.
10 Mike mentioned Minimum Creditable Coverage.
11 That's the minimum amount of coverage that we can
12 have in order to have a plan that meets the state's
13 guidelines. If we hit that, and most of my clients
14 have already hit that Minimum Creditable Coverage,
15 where do we go next year? Where do we go this year,
16 for those who have already hit it? There is no
17 place to hide.
18 People are talking about 10 percent
19 increases, 20 percent increase. We have seen
20 increases that have been 65 percent. 65 percent,
21 that one increase alone equated to a \$475,000
22 increase. I mentioned in my speech earlier that one
23 of my clients got a minimum, the smallest increase
24 we've seen so far. That worked out to \$141,588.

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1 How do we absorb that kind of a coverage?
2 The state has Business Express. Business
3 Express was the affordable health care plan, and it
4 was a great idea, except it had a couple of
5 drawbacks. You can only write a first-of-the-month
6 plan. For those of us who have been in the business
7 for many years, we moved plans from the first of the
8 month back to the 25th of the prior month to avoid
9 that either quarterly or monthly increase. We have
10 a lot of plans which renew on the 25th of the month.
11 We cannot do anything for those people right now.
12 We're stuck.
13 We have plans -- people mention carriers.
14 Fallon announced a \$27.3 million loss for last year.
15 The carriers are not the ones making the money.
16 It's the doctors; it's the hospitals. We talked
17 about Partners charging 30 percent more than any
18 other carrier -- any other hospital. That's got to
19 stop.
20 We talked about -- someone mentioned having
21 more plans. I renewed a small case or I'm renewing
22 a small case right now. I went through Mass.
23 Business Trust, and we have 78 options, and that
24 doesn't count Blue Cross. There are too many. The

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1 carriers are spending a fortune trying to administer
2 all of these options. I think we need to get back
3 to something more like this, where we have a Bronze,
4 Silver and Gold level, and Bronze, Silver and Gold
5 have three levels each.
6 I'd like to know, where did you come up
7 with 17 to 22 percent on that? And one other
8 question, this is the Bronze level, low level, which
9 is the lowest level you can get. Bronze low level,
10 there is \$2,000/\$4,000 deductible, and you pay,
11 unless you take a generic drug, you pay 50 percent
12 of the cost of a drug. You mentioned Lipitor. Do
13 you know what Lipitor costs? What does it cost
14 **MR. LIVELY:** \$300 or \$400.
15 **MR. MEYER:** Pay 50 percent of a \$400 bill.
16 That's not going to fly.
17 We talked about selective network plans.
18 The carriers aren't offering those. They're trying,
19 but they're not. The state does that --
20 I guess I'm done. Thank you.
21 **COMMISSIONER MURPHY:** Thank you.
22 Please be advised that the record of this
23 hearing will remain open until March 10th. Written
24 comments can also be submitted through our e-mail

D I S C L A I M E R

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1 address, smallgrouprates -- that's "rates" with an
2 S -- @state.ma.us. With that, I do want to thank
3 you all for appearing today.
4 I myself, on a personal note, I'm the
5 product of a small business. I know that this time
6 out of the office is time you could be working in
7 the office, as I hear from my brother on a constant
8 basis. So I do appreciate your appearing today, and
9 thank you very much.

10 (Whereupon the hearing was
11 adjourned at 12:08 p.m.)
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C E R T I F I C A T E

1 I, Carol H. Kusnitz, Registered
2 Professional Reporter, do hereby certify that the
3 foregoing transcript, Volume I, is a true and
4 accurate transcription of my stenographic notes
5 taken on March 8, 2010.
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13 Registered Professional Reporter
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Attorney's Notes

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