Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee Meeting
Thursday, September 21, 2017 - 11 a.m. to 3 p.m.
Labor and Industries Building, Room 260
350 Winter St. NE, Salem, 97301

Committee members present:, Cindi Condon, Jim Houser, Sean McAnulty, Jesse O'Brien, Ken Provencher, Claire Tranchese, Maria Vargas (by phone), Jennifer Welander

Members excused: Joe Finkbonner, Joe Enlet; Jeremy Vandehey (ex-officio); Shonna Butler; Dan Field; Shanon Saldivar; Jean Straight (ex-officio)

DCBS Staff Present: Chiqui Flowers, Interim Marketplace Administrator; Elizabeth Cronen, Legislative and Communications Manager; Victor Garcia, Committee Liaison and Operations Support; Nina Remple, COFA Program Manager; Anthony Behrens, Senior Policy Advisor and Carrier Liaison; Cable Hogue, Interim Performance Improvement Advisor; Michael Schopf, Tashia Sizemore, Brian Fordham, DFR Product Regulation Manager

<table>
<tr><th>Agenda item and time stamp*</th><th>Discussion</th></tr>
<tr><td>Welcome and introductions, Approve minutes

0:0:00</td><td>Mr. O'Brien opened the meeting, and committee members present introduced themselves
The committee entertained and seconded a motion to approve minutes, approved unanimously by the members present</td></tr>
<tr><td>Welcome Jenn Welander

0:02:45</td><td>The committee welcomed new member Jenn Welander, CFO of St. Charles Health System, who was appointed during the November legislative days on 11/17/17.
St. Charles is in central Oregon, with 4 hospitals in Bend, Redmond, Prineville, and Madras, and a large medical group in the area
The committee commented on the importance of having a provider perspective with respect to health insurance utilization, as well as health care delivery in central and parts of eastern Oregon.</td></tr>
<tr><td>Federal health policy movement

0:09:00</td><td>Stephanie Kennan, McGuire Woods Consulting, gave an update on Affordable Care Act (ACA) related activity at the federal legislative level
Senate is currently debating tax bill, supported by McCain
Repeal the individual mandate, gaining support of Rand Paul
Senator Collins most likely on board after deal to vote on another bill
CBO sent letter stating that repealing the individual mandate would cause more fiscal harm than would be offset by the tax bill, refuted by republicans
CHIP – Expires at the end of November, states are running out of money – will probably go separately, or in a larger package, but either would likely happen at the end of the year
October executive order directed departments to loosen regulations and impact association health plans, those new regulations have not come out yet
Notice of benefit and payment parameters – some large carriers are not happy with the power the staes have to regulate these
There does not appear to be a central office of health reform, but the White</td></tr>
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House will not admit it has been closed

- Government shutdown: republicans cannot agree on a plan with military spending and immigration reform as contention points
- The committee asked how the repeal of a mandate would impact taxes – as of now, it appears the repeal would be effective starting next year. It is unclear how the IRS intends to act in relation to the mandate.
- If the spending bill does not pass, government would shut down beginning on Dec. 8.
- It is unclear how a shutdown would impact HHS services, since Dec. 8 is still within the open enrollment period.
- After doing so all year, Democrats appear to be unwilling to spend any more political capital defending health care reform, in favor of immigration reform and DACA.
- Separate items like CHIP could be voted on separately to package together with other items, but would still have to pass the House after the Senate
- House and Senate conference will have to take place to reconcile the differences
- Are there numbers associate with the Collins bill (reinsurance) to offset the individual mandate? $2.2 billion spread over all of the states for the Collins bill
- How would a shutdown impact HHS/open enrollment? There are different funding streams, as well as money already committed, that would delay an immediate impact. “Essential” staff will not be furloughed, and it is unclear who will be deemed essential.
- Mr. O’Brien asked if there were thoughts about contingencies for the repeal of the individual mandate, and for a possible government shutdown.
    - It may be necessary to see how things play out for a little while before action is taken; impacts to the market are somewhat unpredictable
    - Possible impact of loosening regulations, peeling back essential health benefits (EHB) – Mr. Provencher posited that the threat to market stability and consumer impact would more likely come from national plans than Oregon-based carriers.
    - Enrollments appear to be up – impact of repeal may not be felt until after the beginning of the year
    - Consumers have tended to react to policy shifts before they become law or are enacted
    - People have enrolled, and continue to enroll despite the confusion around these issues.
    - Does the state (DFR, Marketplace, etc.) have any contingency plan for this possibility? Planning this far has been preliminary, but there are many variables to consider, including timelines for impact.
    - Is there any way for Oregon to take over open enrollment, if HHS is unable? Oregon could not directly enroll people manually; if the healthcare.gov website continues to function, there should still be ways to enroll consumers
    - It is possible that this might trigger a special enrollment period, which would give consumers extra time to enroll after the shutdown is over
    - A large number of consumers’ plans are ending at the end of the year, which could also qualify them for a special enrollment period – but the qualification for this is layered with some complexity, and it would be a difficult concept to message only to the eligible consumers
    - Last shutdown lasted for 16 days

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DFR updates

1:01:00

Open Enrollment – Tashia Sample

- Updates from carriers for enrollment numbers from carriers:
- Q3 2017 for overall individual insurance market: 202,000 people enrolled, as of 11/26/17, there were 181,650 people enrolled for 2018 plans, with a few weeks to go. For marketplace only, there were 125,563 enrollees at the end of Q3 2017, and 115,475 enrolled for 2018 plans as of 11/26/17
- Rates of switching to different metal levels not available yet
- Certain measurements (breakdowns of enrollment by different criteria) will not be available until open enrollment is over, and CMS will release marketplace-specific data as well.
- There is at least one carrier offering a marketplace plan in each county
- DFR is keeping an eye on changes at the federal level that may impact market stability
- Rates filed by carriers for 2018 already accounted for the possibility that the mandate would be repealed.
- There does not appear to be anything foreseeable that would trigger the market stability suspension of Oregon insurance laws
- Adjustments for market stability due to full repeal of individual mandate could probably be done through rate filings for 2019
- Is one marketplace option enough in a county to ensure stability, or prevent unsustainable premium increases? The tax credits available now help to offset some of the effect of premium rate increases. The CBO did provide some guidelines for market stability, but there is only so much that can be done to keep premium rates down.
- There are mechanisms in place to keep auto-reenrolled who reselect plans consumers from being counted twice. There may be corrections over time to account for this.
- Executive order terminated cost sharing reduction (CSR) payments caused concerns about stability in the market
- CMS gave a 2-week window for rates to be re-loaded into healthcare.gov. DFR notified carriers, who loaded the increase in rates to silver plans to take advantage of the tax subsidies that are still in place.
- This possibility was anticipated during the 2018 rate review season, which allowed DFR and the carriers to pivot quickly.

Reinsurance – Michael Schopf:

- HB 2391 established an Oregon health reinsurance program, which would offset some of the most volatile costs in the individual health care market.
- The program is funded through 2018 by a leftover balance from a previous reinsurance program, excess marketplace funds, and a 1332 waiver that redirected reductions in federal subsidies to the reinsurance program.
- 2019 and beyond would be funded by a premium assessment on hospitals and health insurance carriers
- The assessment part of the law has been referred to the voters, and will be voted on in January
- If the referendum removes the assessment, the legislature would have to pass something in its place to fund in 2019 and beyond.
- CMS would not have a 1332 issue with the removal of the assessment by referendum, as long as rates did not change.

Consumer issues reported to DFR – Brian Fordham

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- Consumers appear to be researching provider network availability earlier than ever before
- 3 Counties – Linn, Benton, and Lincoln – have concerns with low provider availability.
- HB 2468 (2015) allows for provider network adequacy standards to be enforced
- Some plans have closed networks, and do not offer out-of-network benefits
- DFR is evaluating methods of ensuring network adequacy
- One carrier was found to have incorrect rate and network information on healthcare.gov
- Consumers have experience some confusion with notifications from carriers about a large change to plan design, which were sent out during open enrollment
- Most of the network adequacy issues from consumers have been with specialty care – treatments at OHSU considered out-of-network, etc.
- The committee asked about the availability of the list of prices for medical services to inform plan shopping
- Insurers cannot be compelled to disclose those rates to ensure market competition
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COFA Premium Assistance Program

1:47:05

Related materials: COFA Program update presentation

- 5 Participating carriers offering silver plans for the COFA program
- To date, 297 applications have been submitted, and 142 approved
- In 2017, the program sponsored 150 COFA citizens, and currently 353 active sponsorships, with 74 plan terminations, mostly from loss of premium tax credit
- Income must be 138% or below of federal poverty level (FPL), cannot have had any other offer for insurance (employer, etc.), and must qualify for subsidies
- Funded by general fund
- Potential number of eligible people in Oregon is unknown
- 173 reminders were sent out in English and the 4 major COFA languages to active 2017 enrollees that have not yet enrolled for 2018
- Because of the translated materials, the response to the notice has gotten more response than previous attempts
- Ms. Vargas relayed some concerns that agents had about the program
  - Agents are not able to see the status of the application: Highly manual process does not allow the Marketplace to have a real-time portal to see the status of the application, and Healthcare.gov will not allow implementation a special indicator specific to COFA citizens
  - Funding for operations is small, process is manual, and the list of criteria to independently verify is large, so verification does take some time
- Target/goal for the program – the program is funded for up to 500 individuals, but more could be requested from the legislature if needed.
- A workgroup was convened to provide feedback to the legislature about adding dental coverage to the COFA program
- No one carrier covers the whole state, the recommendation to the legislature was to consider funding a survey or study – dental coverage has more variables, and less potential for tax offsets

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- Dental will not be implemented for 2018, and likely will not be for 2019
- Study funding may be proposed to the legislature in the 2018 short session
- One barrier to the program is the requirement of participants to pay out-of-pocket costs, and then be reimbursed. The program requires that the reimbursed costs be approved by the carrier, and be in network, requiring receipts and explanation of benefits (EOB's)
- Proof of Oregon residency is needed apart from mailing address, because mailing address is not proof enough of residency, but can be difficult for COFA citizens to obtain. There is a balance to be struck between being conscientious stewards of taxpayer dollars, and removing barriers to access to the program

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COFA Premium Assistance Program rules summary

2:13:40

Related Materials: COFA Program temporary rule text for payment of claims

The Marketplace filed a temporary rule to codify the COFA reimbursement claim requirements previously discussed:

- Receipts and EOB's are required for claims reimbursements
- Claims can be submitted until April 30 of the year following the year the claim was incurred
- Permanent rulemaking process will begin after the first of the year

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Open enrollment status

2:15:00

Related Materials: 2018 Enrollment Marketing Power Point Presentation

Ms. Cronen presented the Marketing update for 2018 open enrollment

- TV ads are new for the Marketplace in 2017
- Ads are targeting a variety of demographics, including millennials
- Internet advertising through Pandora, Hulu, and paid search are getting good click-through rates
- Digital paid advertising allows on-the fly changes to content on a very short turnaround, and offers performance metrics to inform those decisions
- The marketplace has been pursuing unique advertising channels serving key demographics – example: sponsoring a round of bar trivia in 50 different bars in Oregon
- Ms. Vargas asked if there was a breakdown of what regions were covered by the advertising – she had not seen advertising in the eastern frontier region.
    - TV ads were only run in larger metro markets (Portland, Eugene)
    - Some ads were run in local newspapers statewide
    - The online ads were statewide
- Analytics will provide a lot of information as to what was responded to well, but tying that to a direct impact in enrollment is more difficult, but the time will be taken to get as accurate correlations as possible.

Mr. Hogue gave an update on the status of open enrollment numbers

- An apples-to-apples comparison to 2017 enrollment numbers is difficult since the open enrollment period is about half as long
- Relative to the total length of open enrollment, the pace of the current open enrollment is behind
- Effectuated policies in 2017: January – 126,000, Feb - 130,000, March - 134,000
- There should be more effectuated enrollments in January compared to last year, since open enrollment will already be over.

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- Rate differences seem to have caused changes in selection of metal levels – the increase in rates of silver plans have made selections of gold and bronze plans more of a consideration
- There are more people in Oregon receiving tax credits than last year, due to the higher threshold from the more expensive silver plans
- Is there anything more that could be done to shore up enrollment? Right now, numbers indicate that it is possible we will meet last year, but the Marketplace has partnered with other state agencies to find consumers potentially eligible for subsidies and tax credits and message to them. At this point, it would be difficult to say what more could be done.
- How this bears out for 2019 enrollment will depend on whether the enrollment period stays the same

2019 NBPP and CHIP non-reauthorization potential impacts

CHIP reauthorization potential impacts:

- In December, Oregon and 2 other states run out of CHIP funding, and half states by February
- 121,000 children, and 1700 pregnant women covered by
- CHIP pays 97% of health care costs for children enrolled
- Gov. Brown has ordered that OHA dip into Medicaid fund to keep CHIP going, which it could do through April
- OHA would be reimbursed after CHIP is reauthorized, but it is unclear what would happen if the program was done away with altogether.
- Marketplace has discussed the possibility of finding Marketplace plans for which the impacted population might be eligible
- The Governor's office would lead efforts to mitigate long-term loss of the CHIP program
- Disenrollees from CHIP would be eligible for a special enrollment perios
- Federally qualified health care (FQHC) funding is wrapped up in the same funding packages as CHIP, and would likely be tied to its fate.

Notice of Benefit and Payment Parameters (NBPP)

- Federal guidelines that relate to availability of coverage, SHOP, individual coverage for Marketplaces
- Each state is given 30 days to comment, DCBS has sent comments for Oregon:
  - Give states funds savings to be able to purchase their own technology
  - Make the technology for the federal marketplace platform
- Eligibility standards and notice: notices regarding eligibility are being sent to head of household, rather than the tax filer. This causes some ripple effects confusing consumers, DCBS proposed sending the notice to both parties
- Consumers may receive notices that they may be entitled to more tax credits than they are receiving, which is good in theory, but may cause confusion as there may be many reasons for this, and could actually cause consumers to take action that would adversely affect them
- CMS has proposed the ability to implement same-day plan termination, which DCBS favors, since that will work to the consumer's benefit in many instances, including new eligibility for a Medicaid program
- User fee for the Marketplace is going up to 3% of premium
  - DCBS proposes that state-based marketplaces using the federal

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- platform (SBMFP) are doing more work on their own behalf
  - The price of using the platform should not rise in conjunction with premium inflation, while premiums have spiked due to the removal of CSR's, which increases the fees going to the FFM
  - There is always the possibility of considering a state-based technology again, especially in light of the increasing costs of the federal platform. Such discussions would involve the governor's office and the legislature
  - The FFM posits that using the marketplace gives a "special benefit" to insurance carriers. DCBS counters that the benefit is to all parties involved, from the states to the consumers to the FFM itself, and not a special benefit exclusive to the carriers.
  - Oregon would like to see specific costs of its participation in the Marketplace, and costs attributable to Oregon in the FFM
  - The FFM has promised more state flexibility in the past, but has not been able to deliver due to technological hurdles
  - The hope would be to deliver a menu of services customizeable to each state, but there has been no breakdown of costs to start down that path
  - If the costs of using the federal platform increase enough, it would only part of due diligence to look at other states' solutions for possibly switching to a state-based marketplace technology.
- Proposing increasing the threshold for rate review from 10% to 15% annual increase in proposed premium rates
- Proposing to weaken the medical loss ratio requirements
- Proposed weakening essential health benefit (EHB) rules
  - Feds may be looking at an annual review of EHB, which would be a huge administrative burden for the carriers

Housekeeping	Committee terms renew in February; Joe Finkbonner, Maria Vargas, and Claire Tranchese will not be reappointed

* These minutes include timestamps from the meeting audio in an hours : minutes : seconds format. The meeting audio can be found on the advisory committee web page (link below)

** Meeting materials are found on the Oregon Health Insurance Marketplace Advisory Committee website: http://healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx

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