**Meeting Minutes**

**Thursday, November 21, 2019 - 11 a.m. to 3 p.m.**

**Labor and Industries Building, Room 260**

**350 Winter St. NE, Salem, 97301**

**Committee members present:** Kraig Anderson, Cindy Condon, Dan Field (Chair), Joe Enlet, Jim Houser, Ken Provencher, Lou Savage (ex-officio), Numi Griffith, Sandy Sampson, and Shanon Saldivar (Vice-chair).

**Committee members via phone:** Jenn Welander, Jeremy Vandehey (ex-officio), and Sean McAnulty.

**Members excused**: Shonna Butler and Stephanie Castano.

**Other presenters:** Jackie Yerby, Stephanie Kennan (by phone)

**Marketplace staff:** Chiqui Flowers, Administrator; Cable Hogue, Implementation Analyst and Federal Liaison; Victor Garcia, Operations Development Specialist; Nina Remple, COFA Program Manager; and Dawn Shaw, Division Support Coordinator

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| **Agenda item and**  **time stamp\*** | **Discussion** |
| **Welcome and introductions, committee housekeeping**  0:0:00\* | Welcomed the new interim Director of DCBS, Lou Savage. He is filling in for Cameron Smith, who stepped down to run for Secretary of State. There is a recruitment out for a permeant director. Lou has been a legislative director during the Governor Kulongoski era, former Insurance Commissioner, and most recently was the Administrator for the Workers’ Compensation Division. Is familiar with the Stage Gate process to get technology moved forward.  The committee agreed to postpone approving the meeting minutes from October 21 due to additional corrections that need to be made. |
| **SB 889 Committee**  0:12:15 | Jeremey Vandehey presented an update of SB 889 Committee and the planning.   * As a reminder, the legislature passed SB 889 which will create the fourth-in-the-nation Statewide Health Care Cost Growth Target. It is a per capita target for health care costs, including those incurred through Medicaid, commercial insurance, and Medicare. This will broaden current targets and apply it statewide, creating a budget target for health care costs. Health care costs are currently high and growing. This process will allow the state to collect data and see where the costs are growing so we can have an idea on what needs to be done to contain costs. * The state has done a good job in meeting targets with state health programs like Medicaid and public employee programs. The commercial market is the area where there are some challenges. The money could be going to wages and retirement instead of health care that is growing at an unsustainable rate. The average rate of growth is about 6.5% and out-of-pocket costs have been growing faster. * Overall program will operate similar to the Massachusetts program, but will be adjusted to best meet our goals. Set the goal for next year, collect the data from insurers, then analyze to see what the cost-drivers are. Will be able to sit down with organizations that are above the cost target, understand what the common cost drivers are and the reasons for them, and recommend corrective action/s to drive down the costs. There will be an annual report to the legislature. * Within the last month, the Governor has appointed an 18-person group, which several MAC members are a part of (Kraig Anderson, Ken Provencher, Shannon Saldivar, and Jenn Welander) and Andrew Stolfi from the Division of Financial Regulation. Have had an initial meeting to chart the course on how the group will operate. The Governor has given the group five things to keep in mind as the work is progressing, among those are:   + The target they pick should be an aggressive constraint on health care costs to get them in line with economic growth.   + Increase transparency and leverage the state’s systems like the All Payer All Claims database to create a framework as to what is driving costs.   + Provide data to OHA, DCBS, and other state agencies to have them understand what the cost drivers are.   + Even though the focus is on costs, don’t sacrifice quality of health care.   + Submit a bill in the 2021 legislative session that provides robust enforcement and accountability tools if an organization is not meeting the target. * Set the agenda for the next meeting and scheduled out meetings until next September. The group has a year to get their work done and submit their final recommendations to the Policy Board for approval by August and to the legislature in September. There is a website set up if you want to monitor the progress. * Next month, they will be defining what is total health care spending. In January and February, committee will look into potential economic indicators to use as the basis of the target. From there, they will move into quality and transparency. * What success looks like at the end of this would be containing costs and reducing cost growth and a standardized and transparent way at looking at cost growth. * Massachusetts has the second highest health care costs, with Alaska being the highest. Prior to them implementing the program, they had the highest year-over year growth, some years as high as 10%. After program implementation on the commercial side, the rates fell well below the national average. They haven’t hit the target every year, but on average, they are now below the national growth. The challenges that they experience are not much different from ours. They are seven years into this now. |
| **Governor’s health policy priorities**  0:47:33 | Jackie Yerby provided an update and discussed Governor Kate Brown’s health policy priorities.   * Jackie has been the Deputy Health Advisor for Governor Brown since March. Prior to that, she was the policy director for the Urban League of Portland. Spent 20 years in the Blue Cross Blue Shield system. Has a masters in public policy with a concentration in health policy from the Kennedy School of Government. * About a year ago, the Governor’s Office issued a white paper with her health care priorities, which are still intact.   + SB 770 is something that we are interested in seeing what they come up with in regards to universal coverage.   + We were able to get a six-year financing plan for the Oregon Health Plan.   + Behavioral Health integration has created a council and is working on increasing the range and making sure people are getting the right level of care in the right locations. Focusing on people with chronic mental illness. We want to make sure that we build a budget for the next biennium.   + Social determinants of health, CCOs have spending requirements and moving towards a value-based payment system and financial stability.   + Public health modernization, looking for a better term. Concerning vaping- related illnesses, the flavor ban was stayed. When they were trying to work with the health departments throughout the state, they realized that we don’t have the kind of public system to respond to issues like the vaping crisis or other situations that may come along. * Short session is coming up and the government has five bills, climate is the top priority and are trying to get those across the finish line. * About the Marketplace recommendation to moving towards a state-based system, the Governor realizes the limitations of HealthCare.gov and supports moving towards a state-based system and one of the limitations is timing. There are competing IT priorities and getting the state resources to make this happen. Through SB 770, workgroup will be recommending a path towards universal health care. It would help facilitate and put us in a better position than we are in now. There is some instability with the ACA and waiting to see what happens with that. |
| **State-based marketplace model transition**  1:21:46 | Victor Garcia provided an update and facilitated discussion on Oregon transitioning from a state-based marketplace using the federal platform (SBM-FP) model to a state-based model.   * Reviewed the handout – Joint OSCIO/LFO Stage Gate Review Process. The added dates in green assume a a planned Open Enrollmnet (OE) 2023 timeline. We currently are at the “we are here” marker, before any of the project oversight timeline starts. * This process is designed so that any agency that is considering an IT project at or above $1 million over five years has done their homework. Not all projects go through this process, it depends on the complexity. * We are currently in the stage where we are developing the initial required documents. The Office of the State CIO (OSCIO) is looking for a high-level business case, fiscal plan, and overall alignment with your agency’s mission and how you plan to pay for it. * We are in the process of getting those documents together now and have done some of the initial work already. We will submit when the timing is appropriate. * The green circles indicate stages that happen a little later than when we would need them to happen if Oregon wanted something in place for OE 2023. * There is a collaboration between the OSCIO and the agency. Every agency has a portfolio manager from the OSCIO that oversees the activity. There may be a recommendation to contract out for a project manager. * The OSCIO project approval process can be lengthy. Some things like process mapping can be done now. * There may be more favorable consideration of funding mechanisms because this wouldn’t be funded by the General Fund, but by premium assessments. * Initially, we will have to work with our current budget if we need to hire consultants. |
| **Federal health policy movement**  1:49:06 | Stephanie Kennan from McGuire Woods Consulting called in from Washington D.C. to present information about current legislation and cases that involve the ACA (Affordable Care Act).   * Texas v. Azar – we are expecting a decision from the federal appeals court any day now. If the ruling goes against the administration, which would be dismantling the law, they could ask the full court to provide an opinion. Regardless it will go to the Supreme Court and likely not be heard until next fall. * Not a lot has been going on in Congress regarding the ACA. Early this year, a number of drug provisions were added to bills to fix the ACA. They would pass in the House, but would die in the Senate. * The Senate did pass the continuing resolution, the previous continuing resolution expired, to fund the government. The president agreed to the one-month extension that expires on December 20. The Senators were scheduled to go on their Christmas break on December 16 were asked to remain in Washington D.C. Last year it wasn’t a complete government shutdown, and it looks like it will go down to the wire on December 20 before there is a determination. * Prescription drug update – there was policy bill, HR 3, which is about drug negotiations and it has become the centerpiece on what the House would like to have as a response about drug prices. Initial plan was to have HR 3 voted on by the end of October. The CBO (Congressional Budget Office) is still working on the score. The score should be released any day now. The bill is supposed to save a lot of money. There have been some meetings on how to use the money from the savings, one would be shoring up the ACA and putting money into Medicare for dental and vision. There isn’t an agreement on what to use the savings for, but it would not be going towards the deficit. Some concern has been raised due to the penalties to drug companies who do not participate or complete their negotiations. For each drug every year, they could face up to 95% penalty on the revenue brought in on the drug. Drug companies are not happy about it. There doesn’t seem to be much support for this bill in the Senate. The House has been passing pieces of what would be a larger compromise bill. Ultimately, it is believed that what will become the compromise will be the Senate Finance Committee bill. It doesn’t have drug pricing in it but would try to address other issues like putting more generics on the market and rebates. * Surprise billing – this issue everyone thought would be done by now has fallen further and further into the background. There is an inability to get the stakeholder groups together on what the solution would look like. There is a difference between arbitration and benchmarking prices. There does not appear to be a compromise. * There are some watchdog groups keeping an eye on Open Enrollment. It appears that enrollment is down by about 250,000 in comparison for the last two years, in spite of more options and lower premiums. The decrease has some people worried. There seems to be no timeline on addressing the Health Insurance Tax. * Things seem to be slowing down, especially with the impeachment hearings. * Joe Enlet requested an update for HB 4821/SB 2218 – Covering our FAS Allies Act. It seeks to restore Medicaid eligibility to COFA Islanders taken away by the 1996 Personal Responsibility and Work Opportunity Reconciliation Act. Stephanie did not have an update but was going to follow up with Chiqui via email. |
| **2020 Open Enrollment**  2:09:01 | Chiqui Flowers presented updates for the Oregon Health Insurance Marketplace 2020 Open Enrollment (OE).   * It is day 21 of Open Enrollment, the seventh Open Enrollment as a state-based marketplace, and the fifth being on the federal platform. * As of November 20, we are at 27,571 for overall plan selections. This is down 17% from the same time last year, with one day less in the weekly count. The 2019 OE baseline is 148,180. Keep in mind it is only week three. There are still some auto-enrollments still pending, and they are up 3% from last year’s week three. We forecast, with no new enrollees, we should be at 85% of the 2019 OE baseline. It is trending down, will be more concerned after Thanksgiving, when most of the consumers should be enrolling. * Partner Agents   + We have 32 partner agents awarded for the plan year 2020. Enrollments through HealthCare.gov have been fairly smooth with the exception of the morning of day one when there was some lo in issues that were resolved before noon that day.   + We have heard that the federal marketplace has been requesting documentation for almost all non-citizen applicants. According to our partner agents, this requirement was far less often in previous OEs. There has been issues with citizens’ enrollments as well, there is not anything that should be holding up those reservations. The issue may be on the Social Security side, with problems accessing the system, if their system is down, there will be problems. Email Cable to see if there is a Social Security outage. The Marketplace call center can help facilitate a call with consumers to help resolve issues.   + Web broker usage is up amongst partners and going well with the exception of intermittent issues with Health Sherpa, which is an online portal to assist with finding affordable ACA plans. * Community Partner (CP) Grantees   + We have contracts with eight organizations to provide outreach and enrollment assistance to consumers from August 2019 through July 2020.   + Each of the grantees had a first quarter check in with Rob Smith, our CP liaison, and they reported they are making progress towards OE goals: hiring staff, training all assisters, holding enrollment fairs, organizing health insurance education sessions, and scheduling enrollment assistance appointments with consumers.   + We took over the CP training from the federal marketplace last year. We have two tiers: basic (one-and-a-half hour) and advanced (four hours). It is required for anyone assisting consumers with HealthCare.gov enrollment that they take both basic and advanced. Advanced requires attendees to complete and pass a 35-question quiz for certification.   + Since July 2019, 1,019 CP assisters have taken at least the basic training. 76 trainings have been provided by the Marketplace team, some of them in Spanish. As of 11/18/19, 474 have passed the certification exam. * Marketing Tactics   + Video ads on TV, streaming video, and social media. Audio ads on streaming services, in English, Spanish, and Russian stations. Digital ads on websites and search engines. Print ads in English, Spanish, and Russian. Outdoor advertising on billboards in English.   + Video, audio, and graphical ads from actual consumers with themes of “The Basics”, “Testimonials”, and “People Like Me”. We have received good feedback from an ad running on Hulu.   + Performing spotlight on search ads – impressions and clicks are up significantly from last year. Search engine ads are the top driver to OregonHealthCare.gov. Among search ads, people ages 25 to 34 years are the top clickers and are clicking ads 86 percent more than last year.   + In the first ten days of OE: traffic to OregonHealthCare.gov is up slightly, traffic from known male web users is up slightly, but down so far on the 25-to-34 age group.   + There was a solid local media coverage of the OE launch on OPB radio, KATU, Oregonian, Portland Tribune, and My Oregon News. * Window Shopping site   + We have had positive feedback so far.   + Released on October 18, 2019 and from then to November 14, the total number of users was 17,006. Consumers are spending an average of seven minutes on the site. About 20% of users come back and use the site again. Majority of the users are in the Portland metro area, Eugene, and Bend.   + Most users access the site through OregonHealthCare.gov. About 4,000 users used the direct URL [oregonhealthcare.gov/windowshop](http://www.oregonhealthcare.gov/windowshop), sent out via e-mail blast. People receiving email blasts signed up through GovDelivery and we get a list from CMS every year with current enrollees. Smaller numbers used the tool after seeing it published online in local news articles.   + The majority of users enter their household information to see which subsidies they may qualify for. Many of them then continue on to view and compare plans. |
| **COFA medical and dental**  2:31:41 | Nina Remple and Cable Hogue provided an update on the COFA program both medical and dental.   * As of 11/12/19, we have 462 COFA citizens applying for premium assistance. As of 11/21/19, the number has increased by around 100. 263 from the Federated States of Micronesia, 173 from Republic of the Marshall Islands, and 26 from the Republic of Palau. We will start tracking the Micronesians to see which islands they are coming from. * The 2017 OE was November 1, 2016 to January 31, 2017. In 2018, the OE changed to November 1 to December 15. 2017-2018 there were 202 renewals, 2018-2019 there were 331, and continuous enrollment from 2017 to 2019 is 129. * We have had six enrollment events, with two remaining. * Brief dental update   + HB 2706 charged DCBS with procuring a study to assess the COFA population and geographic hot spots where they live and a dental needs study. We did an RFP and had one respondent who proposed a price that was well above the available budget given to us by the legislature. We had to narrow down the scope a little bit. It was determined that we can get a good representation from the COFA medical enrollees. We have a dental needs contractor, MGT Contracting of America, LLC, who is drawing from other state populations, Medicaid, other high-population COFA states like Hawaii, taking a look of at the Washington, Arkansas, and Oklahoma. One of the consultants came out to Oregon to attend a ~~few~~ COFA enrollment event and a few house visits with a COFA partner agent. With permission, the consultant was able to ask people face-to-face what their dental needs are.   + On December 15, they will be issuing a draft report of what the likely needs of the population are. We will review and ask for any clarifications, with the final report to be completed by the end of January.   + Anthony Behrens issued an RFI to the dental carrier organizations through the state Medicaid program. We gave them information we have collected in the past gathered through assisters. |
| **Closing** | Next meeting will be Thursday, January 23, 2020.  At the last meeting, we extended the term limit of committee members from two to three consecutive two-year terms. Most terms end at the end of January 2020. We are working with the Governor’s office to stagger the terms. Over the next couple of weeks we will be sending out information on how to extend your terms. Jackie Yerby will work to help figure out the staggering.  We will be sending out a final copy of the October meeting for final approvals. Email Chiqui for any additional follow up items. |

\*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) under 2019 Meetings, November 21.

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