

Meeting Minutes  
Oregon Health Insurance Marketplace Advisory Committee Meeting  
Thursday, April 6, 2017 - 11 a.m. to 3 p.m.  
Delta Oaks Community Health Clinic, Room 129  
1022 Green Acres Road - Eugene, OR 97408

**Committee members present:** Shonna Butler, Cindi Condon, Joe Enlet, Jim Houser, Sean McAnulty, Jesse O'Brien, Shanon Saldivar (by phone), Claire Tranchese, Maria Vargas (by phone), Patrick Allen (ex-officio),

**Members excused:** Mark Fairbanks (ex-officio), Dan Field, Joe Finkbonner, Ken Provencher

**Marketplace Staff Present:** Chiqui Flowers, Interim Administrator; Elizabeth Cronen, Legislative and Communications Manager; Anthony Behrens, Carrier Liaison; Michael Schopf, Performance Improvement Advisor; Katie Button, Plan Management Analyst; Victor Garcia, Carrier Liaison and Operations Support

Agenda item and time stamp*	Discussion
<b>Welcome and introductions, Approve minutes</b>  0:0:00	Mr. Obrien opened the meeting at 11 a.m. , and the Committee members introduced themselves <ul style="list-style-type: none"><li>- Mr. Allen addressed the departure of Marketplace Administrator Berri Leslie, who left to work in the Governor's office. Chiqui Flowers is the acting Marketplace Administrator until a permanent replacement is hired.</li><li>- The committee approved the meeting minutes from <a href="#">January 26, 2017</a> and the meeting summary for the rule advisory on <a href="#">February 9, 2017</a>.</li></ul>
<b>Presentations from Community Health Centers of Lane County and Boone Insurance</b>  0:05:18	Delta Oaks Community Health Clinic hosted the space for this advisory meeting. Ron Hjelm, Manager, and Susan Garcia, Outreach and Enrollment Lead, both with Community Health Centers of Lane county, gave a short presentation to the committee regarding the work that they do. The health centers partner with Chris Boone, also present, of Boone Insurance. <ul style="list-style-type: none"><li>- 55,000 Lane County residents have access since the enacting of the Affordable Care Act (ACA) who did not have it before</li><li>- Part of the clinic's work includes helping residents find insurance, whether through the Marketplace, or the Oregon Health Plan (OHP)</li><li>- Patients residents who do not qualify for OHP are referred to an assistor or agent for free help enrolling in an insurance plan</li><li>- Mr. Boone commented on some of the issues insurance agents have been dealing with since the passage of the ACA, and some of the challenges that have some up since Oregon switched to the Federal Marketplace.</li></ul>
<b>State and Federal Legislative Updates</b>  0:29:40	Federal: Stephanie Kennan with McGuire Woods Consulting gave an update on the progress of ACA repeal efforts. <ul style="list-style-type: none"><li>- The American Health Care Act (AHCA) was a bill that was pulled before making it to the House floor for a vote because of an anticipated failure.</li><li>- At the time of the discussion, there were still attempts to negotiate and amend the bill to make it more appealing for a vote.</li><li>- Additions included funding for a \$15B high risk pool for states over 10 years</li><li>- There is also a push to shorten the open enrollment period to end in December</li><li>- The bill still may have some traction at this point, and is still in process</li></ul> <p>State (0:58:25): Mr. Allen and Ms. Cronen updated the committee on Oregon legislative activity:</p> <ul style="list-style-type: none"><li>- Efforts to shore up market stability continue – without knowing what changes</li></ul>

will come in the near future from the Federal level, a bill has been proposed that would give DCBS' Division of Financial Regulation (DFR) authority to act outside of its normal legislated authority to react quickly to improve market stability. The sort of activities that would make possible include narrowing the options and rates offered by carriers, or changing the rate process to level out plan prices to avoid too many consumers overburdening a single carrier with the lowest price.

- Additional concepts include establishing a reinsurance program, and the "carrier of last resort" concept, which would offer an alternative coverage to consumers in geographic areas that do not have a carrier on the marketplace, should that situation occur.
- An additional concept that could help would be creating incentives or penalties to drive consumers to maintain coverage. However, there is every indication that anything meaningful enough to make a difference would not have any political support, or be palatable to Oregonians.
- SB147 passed through the Senate, which would convene an advisory committee to evaluate adding dental coverage to the [COFA premium assistance program](#), and report back with a recommendation to the legislature. The bill has bipartisan support, and is likely to pass both houses.
- The committee followed up with questions regarding individual mandates, and progress or movement towards single-payer.

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**Health Savings Account Presentation**

1:21:04

Related document\*\*: [2017 Health Savings Account MAC presentation](#)

Mr. Schopf gave an informational presentation on health savings accounts (HSA's), a tax-free account that allows consumers to save money for health-related expenses:

- How HSA's work generally
- How they integrate with health insurance coverage and the Marketplace

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**Subcommittee Updates (1332)**

1:51:40

Related Documents: - [1332 Waiver MAC Update Memo](#)

- [1332 Waiver Interim report Executive summary](#)
- [1332 Waiver Interim Report](#)
- [Marketplace 1332 Waiver Interim Report Cover Letter to Committee Chairs and Legislators](#)

Mr. Behrens gave a brief update on the 1332 waiver discussions the Marketplace has engaged in, which authorize waivers to certain provisions of the ACA to allow states more flexibility to implement ideas that would otherwise be limited by the law. While the previous discussions had focused on vulnerable populations and alternatives to a [basic health plan](#), a 1332 waiver could also help authorize a reinsurance program, and other market stability initiatives.

- The current waiver process is fairly involved, and can take 12-24 months
- HHS is developing a new 1332 checklist, and there is a chance that they may relax the requirements, which would make timely implementation of 1332 changes more feasible
- There is some indication from other states that these waivers are being processed more quickly
- The committee

**Open Enrollment  
Wrap-up**

Related Documents: - [2017 Open Enrollment wrap-up slides](#)  
- [2017 Enrollment Report](#)

**2:01:56**

Mr. Schopf discussed the data outcomes of the 2017 open enrollment, including demographic information and information by Oregon geographic areas. (presentation from 2:02:15 to 2:32:15)

- Because the Federal Marketplace handles all enrollment, the data the Oregon Marketplace receives regarding overall enrollment number is dependent on the data points captured on the federal side.

Ms. Cronen the discussed the communications and advertising strategy outcomes for the 2017 open enrollment (OE), lessons learned. Presentation from 2:32:56 to 2:43:40.

- The COFA program

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**Review/Discussion  
of CMS Auto-  
enrollment Rule**

Related Document: [Marketplace Cross-Walk Rule One-Page Summary and Draft Text](#)

**2:48:15**

Mr. Behrens and Ms. Button presented information regarding an administrative rule that the Marketplace will be proposing. Under certain circumstances, when a consumer's insurer stops offering the product that a consumer has, the consumer is moved automatically to a new plan offering substantially similar benefits and price, known as a "cross-walk". This under current regulations, the Federal Marketplace (under the Centers for Medicaid Services, CMS) can cross-walk consumers in this situation at its discretion.

- Prior experiences have shown that the CMS criteria for establishing a cross-walk can fail to take into account the nuances of the Oregon insurance market.
- The proposed rule would give the DCBS director the authority to establish when and how a crosswalk can happen. Having this rule in place would also prevent CMS from cross-walking automatically, according to its own regulations.
- This item will return in the next advisory agenda with materials to ask for a recommendation on the rule.

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**Public Comment**

**3:03:56**

The committee received public comment from Joel Beaudoin with Century Benefits in Portland.

- Auto-enrollments: Most consumers do not open physical mail, and can miss those notices.
- Before Dec. 15<sup>th</sup>, 65% of consumers enrolled by Century get into a silver plan. After Dec. 15<sup>th</sup>, 65% enroll in bronze
- Pricing: As premiums continue to increase, price has become a more important factor than actual benefits received. This can lead to a churn as consumers jump from carrier to carrier every year as prices change, which can add to costs as more new consumers are constantly onboarded with new carriers. Loyalty to medical providers or a network are in many cases less important than just having affordable coverage.
- More accurate and timely information about provider networks would have been useful in the past, but the range of network types (HMO, PPO, CCO, etc.) has likely made this landscape too complicated for consumers for this to be useful.

**Adjournment**

Mr. O'Brien adjourned the meeting at 2:45 pm.

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\* These minutes include timestamps from the meeting video, in an hours : minutes : seconds format. The meeting video can be found here:

<https://www.youtube.com/watch?v=yeg7kYpZOxc>

\*\* Meeting materials are found on the Oregon Health Insurance Advisory Committee website:

<http://www.oregonhealthcare.gov/him-committee.aspx>

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