

Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee
Thursday, April 19, 2018 - 11 a.m. to 3 p.m.
Labor and Industries Building, Room 260
350 Winter St. NE, Salem, 97301

Committee members present: Kraig Anderson, Shonna Butler, Stephanie Castano, Dan Field (by phone), Jim Houser, Sean McAnulty, Jesse O'Brien, Ken Provencher (by phone), Shanon Saldivar, Cameron Smith (ex-officio), Jeremy Vandehey (ex-officio), Jenn Welander

Members excused: Cindy Condon, Joe Enlet,

DCBS staff present

Marketplace:

Chiqui Flowers, Administrator; Katie Button, Plan Management Analyst; Cable Hogue, Performance Improvement Advisor; Elizabeth Cronen, Communications and Legislative Manager; Victor Garcia, Committee Liaison and Operations Support

Division of Financial Regulation (DFR):

Andrew Stolfi, Oregon Insurance Commissioner; Michael Schopf, Policy Analyst; Tashia Sizemore, Product Regulation Manager

Agenda item and time stamp*

Discussion

Welcome and introductions, committee housekeeping

0:0:00

Actions: The committee moved, seconded, and the members present voted unanimously to accept the meeting minutes from January 25, 2018.

The committee moved, seconded, and the members present voted unanimously to accept the proposed amendments as written, and to explore further revisions in the next meeting if needed.

- The committee and DCBS support staff introduced themselves to new members Kraig Anderson with Moda Health and Stephanie Castano with Oregon Primary Care Association
- Marketplace staff addressed some housekeeping matters with the committee, including some proposed amendments to the bylaws
- Some additions suggested to the proposed changes were
- The committee agreed informally to respond to a request for input from the Marketplace for topics that the committee would like to focus on during the 2017-2019 term

Welcome Tina Edlund and Linda Roman, Governor's Office updates

0:26:25

- Tina Edlund, Health Policy Advisor to Governor Brown, and Linda Roman, Deputy Health Policy Advisor, introduced themselves to the committee
- Ms. Edlund said part of her directives are to monitor the status of market stability as well as the status of CCOs and OHP to be ready to help take action and implement policies that may help those efforts
- The committee asked what the criteria are for market stability: there is no set criteria, but the most commonly assessed factors are:
 - Rate of premium increases
 - Number of choices consumers have in their area/region
 - Carriers exiting the market

- Options for small businesses
- The committee commented on some of the consumer interactions with OHP
- Ms. Edlund commented on the Governor’s Children’s Cabinet, taking a holistic view of the connections between the departments in the state, and how they connect to early development – education performance tied to health, for example, and other crossover points
- She also reiterated the governor’s commitment to market stability and maintaining the gains Oregon has made in attaining a high rate of health coverage
- The committee asked about the governor’s early start on the budget – Ms. Edlund responded that the goal is to obtain as much stakeholder input as possible
- The committee commented on the COFA program, which does receive general fund dollars, and the SHIBA Medicare assistance program, which will be requesting some general fund support in the 2019 session

Federal health policy movement

1:00:30

Stephanie Kennan with McGuire Woods Consulting gave the committee an update from Washington, D.C. by phone:

- Efforts at insurance market stabilization seem to have stalled out for now.
- OMB is preparing a package of rescissions from recent budget agreement, of unknown content
- The CBO has provided analysis of the impact of the silver-loading strategy (explained in a previous advisory meeting) to counter the elimination of CSRs. While the elimination of the CSRs was supposed to trim money from the budget, it appears the impact of the silver loading has cancelled that out, and may actually end up costing more
- There may be future action taken to mitigate the ability of the states to use a silver loading strategy, and it would be possible for an action to be taken to have an adverse impact as early as 2019 – though almost certainly not through legislative action.
- DFR is actively working with carriers to anticipate likely federal actions to develop mitigation strategies, if needed

DFR Updates

1:28:30

Materials:

- Andrew Stolfi, the new Oregon Insurance Commissioner, introduced himself to the committee
- Ms. Sizemore went over the 2019 rate filing timelines – May 14 is the due dates for submission of plans and rates for approval for 2019 for individual health plans.
- DFR is anticipating pushback against the silver loading strategy, and has kept in place the directive to load the rates on to silver plans both on and off exchange.
- The committee asked about the difference in utilization of silver and bronze plans. The limited amount of data available through the all-payer, all-claims database (APAC) indicates that there does not appear to be a great difference in utilization. There is some anecdotal indications to the contrary
- APAC does not show if the consumer is receiving tax credits or cost sharing reductions (APTC or CSR)
- Ms. Welander indicated that St. Charles has seen an increase in the percentage of charity care dollars going to people that already have insurance
- Dental rates do not go through the same ratemaking process as health

Reinsurance

- Mr. Schopf went over the Oregon reinsurance program, established by HB 2391 of 2017.

- Reinsurance program will begin paying out in 2019 for 2018 plans
- The reimbursement would start at claims of \$100k and cap at \$1M
- About 20% of the funding comes from premiums
- The goal is to try to sue the funds accrued in a given year during that same year, but that may change depends on what is forecast as the best option for the overall health of the program and long-term stability
- Rulemaking is in progress for the payment parameters, what the claim process looks like, and auditing/monitoring provisions for the program
- Reimbursements would not be differentiated by metal level.
- The decision was made to attach reimbursements by claim instead of by individual for ease of administration.
- There are no plans to expand reinsurance beyond the individual market

Other items

- DFR has applied for some new federal grants to employ a contractor to conduct research on geographic rating areas that were established in the 1990's. The intended result would be adjustments of those rating areas to improve options for rural Oregonians
- Changes had previously made to the standard bronze plan to make it HSA eligible, and Oregon subsequently passed the Reproductive Health Equity Act (HB 3391 of 2017). This caused a conflict between IRS requirements for HSA eligible standard bronze plan offerings and Oregon standard bronze plan compliance with the Equity Act. DFR is undertaking rulemaking to change the standard plan away from HSA eligibility for compliance with the act. This would not prevent carriers from continuing to offer HSA-eligible plans, but neither would they be required to
- CMS is conducting rulemaking that may loosen the requirements for association health plans. While Oregon has otherwise robust regulation of association health plans, there is the possibility of pre-emption by federal laws. DFR will update with any changes as they occur.

2019 Notice of Benefit and Payment Parameters

2:31:30

- Ms. Button and Mr. Hogue gave an overview of the final notice of benefit and payment parameters (NBPP) for 2019 released by CMS, which determines the operating rules and rates around the federal health insurance exchange and SHOP.
 - Oregon will not be impacted by changes to EHB benchmark plan and navigator program guidelines
 - Retroactive terminations for Medicaid enrollees and same-day terminations will be allowed, which will help limit consumer liability for double-coverage penalties
 - Max out of pocket (MOOP) amounts are being raised by \$500
 - Exchange user fee is being raised for SBE-FP's (like Oregon) to 3%, which is estimated to cost Oregon over \$26M in 2019, and rise according to premium increases.
 - Oregon has not been able to get a breakdown of accounting of what the fees are paying for.
 - A discussion began about the possible re-evaluation of the cost of switching enrollment platform technology and call center away from the federal platform.
 - The committee discussed the lack of pricing transparency, the lack of customer service levels and expertise in the call center, and time spent helping consumers navigate the system.
 - Given that there may be newer, more affordable options now, the committee expressed interest in discussing these options further at future meetings
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Marketplace Advisory
Committee Report

- Ms. Cronen discussed the Marketplace annual report to the legislature, and the committee had provided some feedback on the content. The report is substantially similar to the Marketplace report to the legislature, which is a summary of the activity related to open enrollment, budgeting, advertising efforts, consumer satisfaction, and enrollment levels.
- The committee will need some more time to review the document before making a recommendation.
- The committee requested that the process for creating the next report start earlier to be able to give more substantive feedback on its initial framework

Housekeeping and
closing

- The Marketplace will be sending a survey to the committee members to ask about future focus topics for the next year or two.

3:16:30

* 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 2018 Meetings, April 19

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

<http://healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx>