

Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee Meeting
Thursday, September 21, 2017 - 11 a.m. to 3 p.m.
Roth's West Salem Event Center, Oregon Room
1130 Wallace Rd NW, Salem, 97304

Committee members present: Shonna Butler (by phone), Cindi Condon, Dan Field, Jim Houser, Sean McAnulty, Jesse O'Brien, Ken Provencher, Shanon Saldivar, Jean Straight (ex-officio), Claire Tranchese, Jeremy Vandehey (ex-officio), Maria Vargas (by phone)

Members excused: Joe Finkbonner, Joe Enlet

DCBS Staff Present: Chiqui Flowers, Interim Marketplace Administrator; Elizabeth Cronen, Legislative and Communications Manager; Katie Button, Plan Management Analyst; Victor Garcia, Committee Liaison and Operations Support; Tim Hinkel, DFR Life and Health Actuary; Steve Kooyman, DFR Rate Review Analyst

Agenda item and time stamp*	Discussion
Welcome and introductions, Approve minutes	<ul style="list-style-type: none">• Mr. Field opened the meeting, and committee members present introduced themselves• The committee members
0:0:00	
DCBS Director's Office updates	<ul style="list-style-type: none">• Jean Straight is the acting director of DCBS while Patrick Allen is on a rotation as Oregon Health Authority (OHA) director• Dawn Jagger,• Insurance Commissioner and DFR Administrator Laura Cali-Robison has departed DCBS to join OHA as Chief Financial Officer.• Chiqui Flowers has accepted the permanent position as the Marketplace Administrator• Recruitment is in progress for new DFR administrator, and is a selection is expected by the end of the year.
0:04:45	
1332 Waiver Application update	<ul style="list-style-type: none">• Public input was requested over the summer for the 1332 Application, with a public comment period from July 25-August 25 of 2017, and public meetings on August 24 and 25.• Application was submitted on August 31• The application was accepted, which starts an approval process that can take up to 180 days. CMS has started the 30-day public comment period• This 1332 application would permit funding of the Oregon reinsurance program created by HB 2391 of the 2017 session.• A committee member asked if this 1332 should have been brought to the committee<ul style="list-style-type: none">○ This was separate from an earlier 1332 consideration, which was a feasibility study for a basic health program (BHP) for Oregon legislatively commissioned to the Marketplace○ This 1332 application is much broader in nature, was mandated directly by legislation, and falls under the regulatory authority of DFR, which is why this application has not been brought to the committee• If approved, the reinsurance program would be funded for at least a year• There is potentially a referendum that would refer some assessment provisions
0:08:00	

of HB 2391 to a ballot initiative. Should those provisions survive the potential referendum, there would be more funding

- This is separate from the bill that granted DCBS special authority to take action to stabilize the individual market

Federal Updates

0:23:40

Stephanie Kennan, McGuire Woods Consulting, gave an update on Affordable Care Act (ACA) related activity at the federal legislative level

- Proposed Graham-Cassidy bill would:
 - repeal ACA Medicaid expansion, market subsidies, cost sharing reductions, and basic health plan by 2020, and move to block grants for states
 - CBO should release decision whether this bill could be done in budget reconciliation, which will expire on Sep. 30, and which would require only 50 votes instead of 51
 - McCain, Collins, And Murkowski have come out against.
 - McCain has asked for regular order (bill gets full hearing on floor), which is not likely to happen
 - Some deals are being cut to amend the bill to make it more favorable to no votes
 - This bill discussion pushes back CHIP re-authorization, which may not be done in time for Sept. 30 expiration
 - If passed, it is unlikely there would be additional substantial tinkering with the ACA in the near future
 - There are still a lot of mistakes and work needed on the bill, and would need a technical corrections bill some months later if passed
 - Committee asked what was different about this bill compared to the last few attempts – it seems the politics just happened to align properly this time around to gather momentum behind the bill
 - Republicans may not see fallout from ill effects of the bill at the ballot
 - It would be possible to revisit this again next year, but it is more likely that Republican congress members will refocus on tax reform
- Question from a committee member – if a bill dismantles the federal marketplace, what are the steps the state needs to take, and what are the timelines for those?
 - There are no specific timelines at the moment – guidance would be needed from Oregon legislature and the governor’s office
 - A state-based technology platform would require RFP
 - Other states have technologies implemented already
 - It is unlikely a new technology platform could be implemented by 2019, would be difficult for 2020
 - A true state-based marketplace structure would allow for some additional improvements
 - Any large move would involve a large number of stakeholders and many moving parts

Proposed COFA Program Rule – Establishing Membership Effective Dates

0:59:50

Related Documents: [Proposed Changes to COFA OAR Summary](#), [COFA enrollee effective date draft rule language](#)

Victor Garcia presented information regarding a rulemaking to establish the effective date for membership in the COFA Premium Assistance Program.

- Rules do not currently have a method for establishing an effective date for membership in the program
- Draft rules as presented do not address special enrollment periods that now

may have a variable effective date. This may leave some enrollees with a period when they may have to pay out-of-pocket for retroactive premiums, which could prevent their plan from effectuating and present another barrier to coverage.

- The Marketplace will take the committee's recommendations into consideration, and send a revised draft back to the committee
- Because of the expected increase in enrollment applications, the Marketplace will be filing this as a temporary rule. Marketplace staff will send the final language for the temporary rule to the committee before filing to solicit any additional feedback for the changes made.

Legislative Updates

1:11:00

Elizabeth Cronen summarized

- HB 2342 – Give the Director of DCBS the ability to create rules that run counter to state law in order to stabilize the insurance market
 - The destabilizing force must be from the federal government level
 - Rules made using this process are only in effect for up to 180 days, but impacts may last longer
 - No items at the moment that would trigger this authority
- SB 147 – Requires DCBS to convene an advisory group to study the addition of dental coverage to the COFA premium assistance program.
 - Dental advisory has already met during the summer, and the report has already been submitted to the legislature.
 - The recommendation of the advisory group was to proceed with a dental program
 - Another recommendation was to conduct a demographic study to aid in estimating the cost of implementing a dental program
- HB 2391 – Expands assessment on hospitals and insurance carriers to fund both the Oregon Health Plan, and a reinsurance program for Oregon.
 - In conjunction with the 1332 waiver application previously discussed, much of the funding would come from the federal government.
 - There is a referendum which may put the additional assessment portion of the bill on the ballot
 - Signatures for referendum due on Oct. 5
 - If referendum passes, there are no contingencies at the moment for the absence of those funds in 2019 – the program has funding for 2018.
 - If referendum moves forward, it would be on the ballot in January
- There are no bills on the horizon for the short session in 2018 that would impact the Marketplace

2018 Market Participation and Rates, Extended CMS Timeline

1:38:00

Related Documents: [Updated QHP coverage table and maps](#)

Steve Kooyman and Tim Hinkel with the Division of Financial Regulation (DFR) presented information on the 2018 insurance carriers and approved rates for 2018 individual health plans.

- With carriers leaving the market and marketplace, there are 5 carriers in Oregon offering individual health insurance both on and off the marketplace, and 2 more off-marketplace only
- All counties have at least one carrier offering plans on the marketplace, and most have at least 2.
- DFR has made efforts to keep carriers in the Oregon individual market; the prospect of reinsurance to help shore up possible losses has helped

- Mr. Provencher added that carriers are also exploring innovations in relationships with providers to be able to stay in geographic areas
- PacificSource has not seen a big difference in experience in the difference between on- and off-exchange business
- The HB 2391 reinsurance, if anything, has provided incentive for carriers to stay in the market
- Rates:
 - Small group rates have kept pace with rates of medical inflation
 - 9.2% average rate increase throughout the market for 2018; low in comparison to 2016 (23%), and 2017 (27%). This would indicate that the market is beginning to stabilize after ACA implementation
 - Rates are impacted by medical inflation (4-8%); ACA tax (2%); reinsurance (-6%); the IRS's announcement that they would not be enforcing the mandate – the uncertainty impacted the rates by about 2-5%; and a risk adjustment mechanism for the average of 9.2%
 - The committee had a question about the cost impact of the uncertainty around the mandate – Mr. Hinkel commented that the off-exchange population has decreased, the risk is a bit different for on-exchange and off-exchange
 - Different metal tier plans can have different prices – bronze plans, for example are more susceptible to certain types of rate fluctuations
 - Single risk pool rating requirement – all plans, all metal tiers are combined into a single pool for rating, and then the plans are priced according to benefits from there.
 - Ms. Condon commented that if there are no incentives to purchase on the marketplace (doesn't qualify for subsidies), it can be easier from a consumer perspective to enroll off-exchange directly through a carrier
 - The committee asked how does the movement of consumers from silver to bronze plans may affect the health of the marketplace – Mr. Hinkel commented that the rating and pricing of the plans, including actuarial value, should compensate for that
 - Part of the concern is whether moving to more affordable plans would cause consumers to utilize benefits less, which gets at the question of the utility of the insurance and the health of the consumers themselves, and not just of the market. That issue will need to be continuously observed.
 - CMS changed deadlines for when rate filings were due – there were indicators that cost sharing reductions (CSR's) would not be paid. CMS delayed the due date for the rate filings, and as a contingency, DFR was prepared to ask carriers to load an additional 7% to silver plans.
 - Since rates are now closed, there are no further changes that can be made , short of invoking the mechanisms of HB 2342

2018 Outreach, Education, and Marketing Plans

2:22:35

Related documents: [Marketplace outreach and marketing plans 2018 OE](#)

Ms. Cronen gave a power point about the outreach and marketing plans for 2018 open enrollment, starting Nov. 1

- With limited resources, the marketplace is making choices for targeting certain groups: Men, families with 300-400% of FPL income, the millennial age group (age 25-34), and people identifying as Hispanic or Latino – and there is definitely overlap in these categories
 - Retention vs. growth effort – lack of data has impacted retention effort in the past. This year, the marketplace will receive member-level data for current enrollees for targeted marketplace retention efforts.
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- Targeting by geographic region – there will be extra outreach efforts based on eligible vs enrolled numbers for those counties. The areas will be targeted with additional sponsorships of events, newspaper ads
- The marketplace has a standing consumer feedback group that we engage to get a read on the impact and penetration of our efforts
- The committee asked what had the behavior of the consumers who were removed from the Oregon health plan (OHP) after redetermination. DCBS is working with OHA to receive information about the people that have been redetermined to make some targeted messaging to that group.
- There are a variety of reasons why a person would lose OHP coverage, so many of the 55,000 redetermined people would not necessarily be eligible for marketplace coverage
- There will be an ongoing effort to “hand-off” people determined ineligible for OHP to the marketplace
- Additional questions about outreach targeting to men – in many cases, the parents of younger men often inquire about insurance on their behalf. Is there any targeting to parents? Yes – the marketplace has anticipated this, and in some cases have implemented targeted advertising for this.
- Some efforts have included sponsorships at events that may appeal to millennials, e.g. “Snowvana” in Portland.
- The community partner and agent partner grant programs are continuing this year, with good coverage to help consumers find local help throughout Oregon
- Mr. O’Brien cautioned against reading too much into just enrollment numbers – community partners and navigators may not have high marketplace enrollment, but these entities are finding coverage for people that may not come through the marketplace. The numbers do not capture the positive outcome for a much larger number of consumers
- Funding has been reduced for advertising, but also for navigator programs. It appears that funding for Federal qualified health centers has not yet been impacted
- The committee asked about targeted advertising to let consumers know that mental health services are also covered by health insurance. The marketplace has not addressed that directly, as addressing that issue specifically in advertising can be complicated. A greater effort can be made to add that to lists of possible services available when a person has health insurance.
- The Marketplace does not partner directly with mental health advocacy groups, but indirectly through our marketing partner
- If Graham-Cassidy does not pass, it is still possible that it may generate some interest in the ACA subject that the Marketplace can leverage into paid media

Adjournment

* These minutes include timestamps from the meeting audio (this meeting had no video presentations), in an hours : minutes : seconds format. The meeting audio can be found here:

<https://youtu.be/jtx4GOMySnc>

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

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