

Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee
Thursday, November 29, 2018 - 12 p.m. to 4 p.m.
Labor and Industries Building, Room 260
350 Winter St. NE, Salem, 97301

Committee members present: Kraig Anderson, Stephanie Castano, Cindy Condon, Joe Enlet, Jim Houser, Sean McNulty (by phone), Mark Griffith, Ken Provencher, Shanon Saldivar (Vice-chair, by phone), Cameron Smith (ex-officio), Jenn Welander (by phone)

Members excused: Jeremy Vandehey (ex-officio), Shonna Butler, Dan Field (Chair)

DCBS staff present: Jesse O'Brien, DFR Policy Analyst

Central Services Division:
Dane Wilson, DCBS CIO

Marketplace:

Chiqui Flowers, Administrator; Elizabeth Cronen, Legislative and Communications Manager; Katie Button, Plan Management Analyst; Cable Hogue, Implementation Analyst and Federal Liaison; Victor Garcia, Operations Development Specialist

Agenda item and time stamp*	Discussion
Welcome and introductions, committee housekeeping	With Chair Field excused, and Vice-chair Saldivar participating by phone, Stephanie Castano led the meeting in Salem <ul style="list-style-type: none">The committee moved, seconded, and the members present voted unanimously to approve the meeting minutes from September 20, 2018
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State-based exchange leadership panel	Invited representatives from other state-based marketplaces ¹ (SBMs) participated in the meeting by phone to share the experiences with an existing state-run eligibility and enrollment technology platform, or a transition to one. The committee had prepared some questions in advance, and asked for a brief background of each state's exchange <ul style="list-style-type: none">Kevin Patterson, CEO, Connect for Health Colorado (CO) – CO's exchange is a 501(c)(3) created by statute, a hybrid public agency and non-profit corporation. Enrollment levels are around 140,000.Heather Korbolic, ED, Silver State Health Insurance Exchange (NV) – Developed state-based exchange technology for open enrollment (OE) 2014 that did not work, and switched to the federal technology platform for OE 2015.Jeffery Bustamante, Director of Policy and Compliance, BeWellnm (NM) – Developed technology for the Small business Health Options Program SHOP for OE 2014, and used the federal platform for individual enrollment. NM is now exploring switching to a state-basedPam MacEwan, CEO, Washington Health Benefit Exchange (WA) – Governor was very supportive of Affordable Care Act (ACA) implementation, but wanted to ensure bipartisan support. Medicaid expansion made the
0:03:40	

funding possible, and a public-private entity was created to administer the exchange. The exchange handles ACA and Medicaid enrollments for WA, with support from the state's Medicaid agency

- How was the request for information process for your state?
 - CO – Prioritized customer service, and had a short turnaround time, so CO went straight to the RFP process
 - WA – Molly Voris, Chief Policy Officer for the WA exchange, explained that they went directly to RFP after a gap analysis within the state to assess what E&E systems were already in place. The exchange was part of the WA Medicaid agency while the procurement was taking place, and were therefore subject to state procurement rules for the RFP.
 - NV – Is switching back to a state-based technology. After the failure of the initial Xerox system, exchange was transparent about the reasons for the failure, and were deliberate in the steps to re-assess a switch back an. An RFI was conducted in 2018 in preparation for an RFP, and to have information to present to stakeholders.
 - NM – Released RFI in 2018, and is anticipating an RFP in the first quarter 2019. RFI was intended to inform the governing board of the existing options

Dane Wilson, DCBS CIO, asked: If your state went directly to an RFP, what decisions were made about the administration of the IT systems, or the possible longevity of those systems.

- WA – No one in the state IT systems were familiar with the type of system that needed to be built. WA engaged a system integrator to handle the crafting and administration of the system.
 - NV – Due to the initial failure, NV had the time to study solutions in other states, and to take advantage of the technology advances that have happened over the last few years. The primary focus was to at least replace exactly what the federal platform delivers right now without interruption to consumers or carriers. NV's selected vendor will also be providing call center service
 - NM – focused primarily on reducing costs, and predictability of costs. The increase in price of the federal system, and the unpredictable nature of those costs, were the primary reasons for switching to a state-based technology.
 - How supportive were your governor and legislators of your process?
 - NV – Budget submitted in 2017 included plans for a transition to a state-based technology, due to the unsustainability of costs. Government stakeholder support was gained by demonstrating the cost savings, and value of state-based technology. The design, development, and implementation phase only had a \$1M budget, which turned out to be enough with existing commercial off-the-shelf (COTS) solutions. The legislators approved the budget, and are supportive of the transition
 - The legislators and governors in the other states were also generally supportive.
 - Were there any measurements of public support?
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- CO and WA had functioning exchanges from the beginning, so negative initial public opinion was tied to opinion of the ACA generally. Both have had success winning support generally with an effective state-run exchange.
- NV – After the initial technology failure, the NV exchange was able to turn very negative public opinion to more positive perception of this agency over time. Even switching to the federal platform, the NV exchange became a trusted authority on ACA issues and health issues generally. This helped to win early support for a switch back to a state-based technology.
- NM is still in this process, but is keeping an eye on public perception

The committee asked some follow-up questions

- The states acknowledged that any carrier assessment dollars that are used to pay for transitions or state-based technology are ultimately passed to consumers through premiums
- CO had a single payer initiative on the ballot a couple of years ago, which did not pass. There were a number of unanswered questions about how the program would be implemented, and what role the exchange would play.
- SHOP participation has been low generally, CO and WA do not have it as part of the platform, and use a direct enrollment system
- CO and WA have integrated Medicaid eligibility systems – CO has a partial integration, and WA full integration (single enrollment system)
- NV and NM are not pursuing an integration for now – would require a long-term planning effort
- The states' biggest obstacles included the instability at the federal level; that, and the complexity of the ACA, require constant vigilance to make sure that the system stays within compliance.
- The biggest advantages are the states' ownership of the consumer data, which informs decisions for the marketplace and its partners, and more control over other factors like open enrollment periods and improved consumer experiences

Federal health policy movement

1:13:12

Stephanie Kennan, with Maguire Woods, delivered the federal health policy movement update by phone

- Democrats have 40 new members of the house, and ratios of democrats to republicans will rise
 - House will serve as a block on ACA repeal and replace, and related efforts, while republican control of the senate will serve to block any advances of new health initiatives (e.g., Medicaid for all)
 - New House chair of Ways and Means committee, Richie Neal – looks to be primarily concerned with stabilizing the individual market, fixing the ACA
 - Several other committees will receive new leadership due to the majority switch
 - In the senate, Sen. Grassley (R-IA) will take over as chair of the Senate Finance committee. Has a penchant for investigations, and has focused on drug prices in the past, which may lead to some reforms going forward
 - Individual mandate case (Texas v. Azar), House democrats are considering a resolution to allow the House council to intervene in the lawsuit
 - If the consumer protections are struck down along with the individual mandate in the case, it may prompt action from congress
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- White House administration has released a set of new guidelines to allow states to expand the types of plans eligible for premium subsidies, including short-term plans
- Proposed integrity rule: updates to the technical regulations, but includes billing provisions for non-Hyde abortion coverage that would require separate bills to and separate payments from consumers for plans including this coverage, in some cases the coverage is under \$1.
- The committee asked about the apparent contradiction in keeping guaranteed issue, but allowing subsidized short-term medical plans: there has been a more recent increase in short-term plan enrollment. The cheaper options may entice consumers, who may not know what those plans lack.
- The committee also asked what is meant by “public charge”, referring to recent proposed legislation regarding immigration use of publicly funded programs. It has had a chilling effect on the immigrant communities’ participation in the health insurance market
- The committee asked about a proposed Health Equity and Accountability act recently introduced to help improve access for immigrants and refugees for health coverage: This was introduced in the senate, and was likely introduced more as a message indicating opposition to border wall funding and other anti-immigrant measures
- Follow-up on short-term plans: the White House administration in likely determined to open these plans up for subsidy eligibility. What is covered may be misleading for consumers: these plans do not qualify as minimum essential coverage (MEC) under the ACA and they are often sold over the phone. Oregon has some specific regulation and limits on those plans, and Jesse O’Brien commented to the committee that this is being monitored by DFR.

Key takeaways from the state-based exchange leadership panel

1:46:0

- Given all of the state experiences, NM’s and NV’s more recent technology procurement efforts more closely match our current circumstances.
- Commented that the evidence seems to be pointing to a cost savings, and it is likely that the sooner an alternative is in place, the more money will be saved
- Predictability of costs by switching to a state-based technology
- An Oregon RFI may be a way to recover from the initial marketplace failure
- The less “unique” a state wants to make an experience, the less expensive a solution will likely be.
- Scope management of any future projects is going to be key – tight scope management seems to be common among the successes.
- Tied to scope is well-defined governance and leadership for a platform switch effort
- Ms. Condon commented that the advantages of any additional data would need to also be passed on to the consumer:
 - The data would help in the post-purchase analysis and customer service end
 - Ms. Condon clarified that she would like more information about estimated costs for actual services provided by medical providers.
 - Healthcare.gov very likely worked very well for most consumers, so consumer benefits should not be overlooked in an RFP
- A new RFP should include consumer experience ratings, insofar as it is possible to have an objective measurement of that
- The value of long-term goals that may be helped by ownership of marketplace data should factor in to cost

- It is unlikely that a switch to a state-based platform will solve the problems of overall health care cost transparency for consumers, but there are measures that could be taken that are not possible under the current system

Related materials: [Sept. 20, 2018 Enrollment platform analysis exercise summary](#)

Updating the 2016 Technology Review report

2:16:00

Mr. Garcia gave a presentation on what would be required for an update to the 2016 Marketplace Technology Analysis

- The previous analysis was based on an RFP, was written in plain language, and included cost estimates of staffing the Marketplace for a full state-based platform
- Any new analysis or comparison would require updated budget estimates, updated estimated costs of a new platform, and an updated qualitative assessment of the pros and cons of a switch (user and stakeholder experience, etc.)
- Competition and experience have brought down vendor costs for solutions over time
- Full integration of Medicaid would not be technologically feasible at this time
- The committee highlighted the need to factor in the tools available to consumers, and the consumer experience of a platform switch overall
- There may be some long-term strategy and alignment considerations for the Marketplace, both in and out of DCBS

Going forward, how would the committee like to proceed?

- An update of the analysis would be targeted at the legislature
- There is some doubt about the exact provisions for legislative “permission” to issue an RFP in Senate Bill 1 (2015), but the legislature would have to be informed and a partner regardless
- There will also be significant oversight by the State Chief Information Officer (OSCIO) for a procurement like this through the Stage Gate process
- The committee would like to explore what the shortest timeline is to move forward with an RFP and to implement
- The committee would like to see a summary of the NV and NM RFI’s, and the actual vendor responses.
- The committee discussed what other information may be asked of those states for comparison
- The committee suggested initiate contact with legislators to indicate the committee’s direction and progress on this re-assessment, perhaps in the form of a letter.
- The committee suggested keeping to summaries, where possible, to avoid information overload
- It is likely that, during the year a transition takes place, the market would have to pay for both the federal platform and the new state-based solution
- It may be possible to get some funding for a switch from market stabilization funding, but that would have to be explored
- Mr. Anderson commented that the Nevada exchange had said they had “put themselves in the lead” in terms of information about health care issued generally – any steps the Marketplace can take to do the same might work in our favor.

2019 Open enrollment updates

3:11:00

Ms. Flowers gave an update on the status of 2019 open enrollment.

- For week 4, 41,182 active plan selections (consumers that took action to purchase in healthcare.gov), about 10,000 less than the previous year at this time
- This is offset somewhat by a higher number of consumers set to auto-reenroll
- Entering weeks 5,6, and 7, there are advertisements being delivered through a variety of digital media, as well as targeted television, radio, and billboard ads
- Marketplace call center has been able to maintain 92% or better customer service levels during open enrollment
- The outreach efforts have attended 55 events during open enrollment so far
- Some events were coordinated by Marketplace agent partners
- There are 7 community partners engaged in the grant program, covering large segments of Oregon
- The Marketplace has conducted its own assister certification training for the first time this year:
 - Two tiers of training, tier 2 replaces the CMS mandated assister training
 - The number of assisters trained have more than doubled from the previous year
 - This program will continue next year
- Partner agent program has continued success this year
- The initial technological issues with the agent broker services has been largely resolved
- There has been somewhat decreased open enrollment activity this year, which could be partly due to a variety of reasons – numbers are expected to climb more rapidly in the last 3 weeks
- The COFA program continues to grow
- 2017 reimbursements from the program to members has been approximately \$186,000, which has resulted in \$1.7M paid out in claims
- The first 6 months of 2018 have resulted in \$1.5M paid out in claims.
- 635 in 2018, a 41% increase over year 1
- Program still only has 1 dedicated staff member
- Plans are to submit a policy option package (POP) to the legislature that will hopefully give a permanent funding mechanism to the COFA program
- Mr. Enlet commented on the increases of enrollments for the COFA program, and the positive impact it has had on the community
- There may be a proposal to the legislature to add dental coverage to the COFA program

Closing

1. The word “marketplace” in this context is used interchangeably with the word “exchange”

*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, September 20.

** 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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