Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee Meeting
Monday, May 9 from 8:30 – 12:45 PM – Cayuse Room
Wildhorse Hotel and Casino
46510 Wildhorse Blvd, Pendleton, Oregon 97801

Committee members present: Shonna Butler, Cindi Condon, Joe Enlet, Dan Field, Joe Finkbonner, Jim Houser (by phone), Lora Lawson, Sean McAnulty, Jesse O’Brien (by phone), Ken Provencher, Shanon Saldivar, Maria Vargas (by phone), Clare Tranchese, Patrick Allen (ex-officio), Mark Fairbanks (ex-officio, by phone)

Members excused:

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<thead>
<tr>
<th>Agenda item and time stamp</th>
<th>Discussion</th>
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<tbody>
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<td>Welcome and introductions (0:00:00)</td>
<td>The committee members present introduced themselves; in addition to the committee members, other attendees included: Berri Leslie, Marketplace Administrator; John McCormick, Oregon DOJ; Joel Metlen, Marketplace legislative and communications coordinator; and Rob Smith, Marketplace tribal liaison. Also present were representatives of the Confederated Tribes of the Umatilla: Cindy Sampson, Chief Carl Sampson, Justin Quaempts, Alan Crawford, and Aaron Ashley.</td>
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| Prayer and Tribal report (0:02:38) | - Chief Sampson opened with a prayer. Mr. Crawford, Mr. Quaempts, and Ms. Sampson spoke to the issues and challenges facing the tribes with regard to health issues generally and health coverage specifically, and the desire to move towards the ultimate goal of better health outcomes overall. 
- Audio dropped out from 0:15:11 – 0:22:16
- Rob Smith summarized the overlap of the Affordable Care Act (ACA) and the federal Indian Health Service (IHS) funded tribal health clinics. The ACA requires minimum essential coverage, and tribal members may file for an ACA exemption if they do not want to purchase a marketplace plan.
- Tribes and members may be eligible for tribal premium sponsorship program, which would pay monthly premiums for tribal members.
- There are varying mechanism by which tribal members can be covered, the Marketplace is engaging agents and community partners to aid in education and dissemination of information |
| Subcommittee Report (0:36:53) | - Ms. Leslie summarized the groundwork that has been laid for the Compact of Free Association (COFA) Premium Subsidy and the Basic Health Plan (BHP) workgroups.
- COFA advisory met on April 12 and adopted the charter. Mr. Enlet added that outreach will be key in educating the COFA community and partners to lead to a successful program.
- BHP group has not yet met, waiting on an actuarial analysis from Wakely Consulting, and consideration of other options |
2017 Marketing Campaign (0:44:31)
- Presentation from Mr. Metlen and discussion on the Marketplace’s outreach efforts for the 2016 and upcoming 2017 open enrollment.
- Power Point presentation and discussion on the results of the 2016 open enrollment campaign from 0:47:00 to 1:17:45
- Power Point presentation and discussion on the planning for the 2017 open enrollment campaign from 1:17:50 to 2:09:05

Break (2:09:07)

RFP Report and Analysis (2:26:48)
Ms. Leslie provided a summary of the Marketplace request for proposal (RFP) for a vendor to provide a state-based technology platform for Oregon’s health insurance marketplace purchasing and enrollment portal. Oregon currently uses the federal Healthcare.gov website to enroll in individual qualified health plans (QHP’s) in the marketplace.
- Until the 2017 enrollment year, Oregon has not had to pay for the use of Healthcare.gov.
- Pros of the federal platform: the platform works, has seen improvement year-over-year, insurers already have a connection to the system, and federal government is in charge of the system.
- Cons of the federal platform: Cannot customize the system, consumer help is limited, data sharing is very limited with no direct access, plans cannot be removed or have data errors corrected quickly, and there is no control over or input for improvements, enhancements, or quality control.
- State-based technology would give Oregon more flexibility to make changes and customize the customer experience, as well give some insulation from federal political impacts.
- The cost of implementation for any new technology platform, given the current vendor landscape, would be well into the millions of dollars.
- Oregon Health Authority (OHA)’s One system came up as an example of a state-based technology for a federal program (Medicaid), which was adapted from a Kentucky system that handled both Medicaid and QHP. Since the system was customized to only implement the Medicaid portion in Oregon, adding the QHP portion would require a great deal of customization and would likely not result in any cost savings.
- Customer service for Oregonians on the federal system has been a growing issue, as the call agents for the federal platform do not have the depth of knowledge that the Oregon Marketplace staff have. Agents and community organizations have also reported some difficulties dealing with the federal platform call centers.
- A platform switch in the near term would require a great deal of effort for insurers, regulators, agents, community organizations, and anyone else that has had to learn to use the current system. This will take a great deal of education and learning, and will require time to consider and prepare properly.
- Mr. Field asked the committee to consider a recommendation to the legislature on whether to move forward with a new technology platform for Oregon. The committee ended up with three different perspectives: stay with the federal platform, move forward with the switch to a new platform with some consideration and time taken with the different options, or move directly to a state-based technology platform as soon as would be possible. While there was no consensus on what should
be done at this time, Mr. Field commented that, based on the discussion, it seemed that the majority of the committee would like to explore an eventual move to a state-based technology platform, with an indeterminate timeframe.

- SHOP, the federal small-business focused insurance program mandated by the ACA, continues to come up as a topic, and will be discussed in more detail in future meetings.

**Meeting Adjournment**

Mr. Field Adjourned the meeting at 12:45 p.m.

(4:07:55)

* 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=GfPPf8Bv7zs

** Meeting materials are found on the Oregon Health Insurance Advisory Committee website: http://www.oregonhealthcare.gov/him-committee.html