

Meeting Minutes  
Oregon Health Insurance Marketplace Advisory Committee Meeting  
Thursday, January 26, 2017 - 11 a.m. to 3 p.m.  
Liberty Inn Lincoln City  
4990 NE Logan Road – Lincoln City, OR 97367

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

**Members excused:** Mark Fairbanks (ex-officio)

Agenda item and time stamp*	Discussion
<b>Welcome and introductions, Approve minutes</b> 0:0:00	<p>Mr. Field greeted the committee and brought the meeting to order at 11 am.</p> <p>Also present were DCBS staff: Berri Leslie, Marketplace Administrator; D'Anne Gilmore, Marketplace Performance Improvement Advisor; Michael Schopf, Marketplace COFA Program Manager; Chiqui Flowers, Marketplace COFA Program Manager; Elizabeth Cronen, Marketplace Legislative and Communications Manager; Anthony Behrens, Marketplace Carrier Liaison; Katie Button, Marketplace Plan Management Analyst; Victor Garcia, Marketplace Committee Liaison;</p> <p>The members present voted unanimously to approve the draft minutes from 11/9/2016, 9/14/2016, and 6/9/2016</p>
<b>State and Federal Legislative Updates</b> 0:04:35	<p>Mr. Allen provided an update on legislative efforts at the state level impacting health insurance.</p> <ul style="list-style-type: none"><li>- DCBS continues efforts to stabilize the individual health insurance market</li><li>- It has been difficult to plan around possible changes to federal law, since it is unclear what path reform will take, or how long before it is implemented</li><li>- One key consideration is a contingency plan for the possibility of all individual health insurance carriers pulling out of specific geographic regions in Oregon</li><li>- One possible solution would be a variant on a high-risk pool, or a "carrier of last resort" concept as discussed in the previous committee meeting. This was a concept that would provide a state-based insurance solution which would only be available if there were no private carriers in a given geographic area.</li><li>- This concept is still in early development, and will require more fleshing out before timelines and viability are clear</li><li>- Another consideration is designing the program so that it would be difficult for a carrier to use it to its advantage while threatening to leave a geographic area.</li></ul> <p>Stephanie Kennan, with McGuire Woods consulting, provided an overview of the Federal Legislative activity around the Affordable Care Act (ACA)</p> <ul style="list-style-type: none"><li>- Current efforts depend on budget reconciliation measures, which can only impact parts of the ACA concerning revenue, so it cannot be used for a wholesale repeal of the ACA.</li><li>- Paul Ryan has indicated a desire for a more comprehensive bill to pass the House by early March, including tax reform</li><li>- Many of the reform ideas include plans offering fewer benefits and higher deductibles with lower premiums, and implementation of high-risk pools.</li><li>- There is some lack of clarity around the ultimate impact of the president's</li></ul>

“Executive order minimizing the economic burden of the Patient Protection and Affordable Care Act pending repeal” of January 20, 2017. There are several different interpretations of the actual guidance contained within it, and there is some indication that there would have to be further, more specific clarification for federal agencies.

- The committee asked if a repeal effort would put the existence of the Marketplace in general at risk. Ms. Kennan stressed that the details are lacking at this point, but there are suggestions that there may be a push for authority over marketplace regulations and funds to be turned over to the states. Mr. Allen added that Oregon has long had an interest in a marketplace or exchange, even before the ACA, and that a state-run option is not something Oregon is averse to.
- The Committee also asked about the role of HSA's in any ACA changes going forward. Mr. Allen explained that HAS's and HAS-based plans have been implemented successfully for a narrow band of the population in a certain income and medical need range. It can help offset premium costs, but at lower income levels (under 250% of the federal poverty level [FPL]), does not prepare adequately for potential medical costs as a significant part of an insurance plan
- The discussion was tabled and Ms. Leslie offered to bring back the topic for a dedicated discussion in more detail at a later meeting.

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### 1332 Work Group Update

1:03:15

Related materials: [MAC 1332 Waivers presentation 01-26-17](#)

Mr. Behrens and Ms. Button presented an overview of the 1332 Work Group and BHP Alternatives Subcommittee report to the legislature. The subcommittee was tasked with discussing and reporting on alternatives to a Basic Health Program, in order to help low-income Oregonians obtain affordable health coverage. More information can be found on the subcommittee's work here: <http://healthcare.oregon.gov/Pages/bhp-committee.aspx>

The report is an interim report to be presented to the legislature on March 1, with a final report after further discussion to be delivered in June or July.

Power Point presentation and discussion from 1:04:00

- As discussed in previous meetings, a Basic Health Plan (BHP) was not likely a financially viable option for Oregon
- The subcommittee explored alternatives to a BHP, which included a federal 1332 waiver. A waiver would be required if an alternative plan required action outside of what is allowed in the ACA, and would have to meet certain criteria.
- A “wrap-around” program, in which a state solution would wrap around the federal ACA infrastructure without requiring action or change at the federal level, would allow for the quickest implementation.
- The subcommittee recommended that Oregon steer away from a 1332-based solution for now, given the uncertain climate at the federal level at agencies like HHS/CMS, but that the option should be re-evaluated if and when guidance becomes clearer.
- The subcommittee also recommended that the Marketplace begin discussions with carriers on developing coordinated care models
- The subcommittee results and recommendations are being submitted in an

interim report to the legislature in March, to be followed by more discussion and a final report in June – hopefully after more guidance from the federal level on possible changes to the ACA.

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**COFA Program Update**

Ms. Flowers updated the committee on the progress of the Marketplace’s COFA Premium Assistance Program. More information about the program can be found here:

<http://healthcare.oregon.gov/Pages/COFA.aspx>

- The program has received 375 applications
- 198 applications have been approved, with 155 already having some premiums paid.
- There is a bill in the 2017 legislative session that would add dental coverage to the COFA program
- Mr. Enlet added that there are a few states and some movement at the federal level to create legislation that mirror what the COFA program has done.
- Some of the challenging barriers to larger enrollment numbers have been communication issues and collection of paperwork to prove eligibility.
- The program has required a steep learning curve from carriers, agents, and community partners, and the committee acknowledged and thank those groups for their efforts
- Mr. O’Brien asked Chiqui to estimate what might be required to scale this kind of program up to a larger population, as for qualified health plans generally (QHP), since the COFA program has been referenced many times as a model. Time to educate participants and create outreach efforts, as well as a viable technology solution would be required. A program with tens of thousands of participants would require a robust IT platform for recordkeeping.

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**Open Enrollment Data and Demographic Report**

Ms. Leslie introduced Elizabeth Cronen, the Marketplace’s new Legislative and Communications Manager, and Michael Schopf, Marketplace Performance Improvement Advisor.

Related materials:

[Week 10 2017 enrollment report](#)

Mr. Schopf and Ms. Gilmore presented enrollment information for the 2017 Marketplace open enrollment period.

- As of week 10, numbers from healthcare.gov show an increase of about 15,000 enrollees over the same period last year
- Final enrollment will include numbers through week 12 – preliminary reports indicate that the pulling of ads and communication support by CMS may have had an adverse impact on enrollment.
- Numbers include people that have made a selection on healthcare.gov, but who have not necessarily paid a premium yet (effectuated)
- The numbers show the Marketplace gaining membership in different ethnic/racial demographic groups, but less success with the 18-34 age group. The causes will require some more analysis, and refining of new ideas for the 2018 open enrollment period.
- There is a potential for synergy between a BHP or BHP-type program implementation, increase of enrollment numbers, gaining millennial

enrollments, and an improvement of the health of the risk pool, which could bring down costs generally.

- County data shows that the average tax credit per person is higher in the eastern and southern parts of Oregon

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**Public Comment**      There were no members of the public who wished to comment.

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**Adjournment**      The meeting was adjourned at 3:00 p.m.

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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:

<http://www.youtube.com/watch?v=xy6tC7AG78I>

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

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