

Meeting Minutes  
Oregon Health Insurance Marketplace Advisory Committee  
Thursday, January 25, 2018 - 11 a.m. to 3 p.m.  
Labor and Industries Building, Room 260  
350 Winter St. NE, Salem, 97301

**Committee members present:** Shonna Butler, Dan Field, Jim Houser, Sean McAnulty, Ken Provencher (by phone), Shanon Saldivar; Cameron Smith (ex-officio), Jeremy Vandehey (ex-officio), Jennifer Welander (by phone)

**Members excused:** Cindy Condon, Joe Enlet, Joe Finkbonner, Jesse O'Brien, Claire Tranchese, Maria Vargas

**DCBS staff present**

**Marketplace:**

Chiqui Flowers, Administrator; Elizabeth Cronen, Legislative and Communications Manager; Micheil Wallace, Agent and Small Business Liaison; Cable Hogue, Performance Improvement Advisor; Marina Cassandra and Rob Smith, Community Partner and Tribal Liaisons; Nina Remple, COFA Program Manager; Victor Garcia, Committee Liaison and Operations Support

**Division of Financial Regulation (DFR):**

TK Keen, Deputy Administrator; Michael Schopf, Policy Analyst; Tashia Sizemore, Product Regulation Manager; Brian Fordham, Consumer Advocacy Manager; Rick Blackwell, Policy Manager

**Agenda item and time stamp\***

**Discussion**

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**Welcome and introductions**

0:0:00

- New DCBS Director Cameron Smith introduced himself to the committee, coming from the Oregon Dept. of Veteran's affairs. Cameron began on December 21, 2017.

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**DFR Updates**

0:05:50

- Consumer Advocacy – Brian Fordham
    - Bulletin released Dec. 29, 2017 targeting special enrollment periods (SEPs).
    - Enrollees whose plans were terminated at the end of the year qualified for an SEP – consumers have been directed to contact their insurers for details, or the Marketplace with additional questions
    - SEP applies irrespective of the insurers offer a new plan, but there appears to be some confusion with the layers and complexity of the market.
    - Ms. Saldivar mentioned that it had been very difficult to pin down the insurers' networks, as information on the websites conflicted with what was available on healthcare.gov. Brian indicated that DFR has this on its radar, realizing that the issue is confusing for consumers and looking at ways to improve this information going forward.
  - Product Regulation – Tashia Sizemore
    - Since the CMS final rule has not been released, still early to predict what rates or plan filings will look like
    - Previous years have seen filings as early as January, or as late as May
  - Measure 101 (state reinsurance program)/HB 2391 (2017) – T.K. Keen
    - Since passage of the measure, efforts can move forward more earnestly. Some work has already been done, and there some areas of focus for now:
    - Working on behind-the-scenes coding for the collection of the tax
    - Establishing rulemaking for the program
    - Recruitment of 1 FTE for the
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- Mr. Field asked if previous experience with a similar assessment would save time. T.K. indicated that there are some previous work that can be re-applied, but much of the coding/programming from that time has been lost
- Michael Schopf said that the rulemaking would begin in earnest after the end of the session.
- Program will replicate the ACA national program
- How much specificity in the bill for how claims are paid? Not much specificity in the bill, most of the specifics were left to rulemaking.
- Federal Health Care Rules - Rick Blackwell
  - Federal policy shifts that may impact market stability
  - 2017 executive order directed the Department of Labor (DOL) to make some changes to rules regarding associations – rules are headed towards a loosening of definitions of associations under ERISA, and expanded use of association health plans (AHPs)
  - Short-term, limited duration plans – rules may allow for auto-renewing, which might break up the market
  - Still waiting to see what these rules look like when they are final
- Individual Mandate – T.K. Keen
  - Federal HR 1 did not remove individual mandate, but did zero out penalties
  - Uncertainty of weakened mandate caused uncertainty during rate filing in 2017 for 2018
  - Carriers were allowed to include a 2.4-5.1% increase for the estimated 10-20,000 member loss that would likely be caused by the weakened mandate. It is unclear if the consumers are purchasing off-exchange, or exiting market altogether.
  - Continued uncertainty may lead to consumers seeking other options, loss of individual market participation, which could also lead to loss of carriers.
  - Elimination of mandate will add 3.9% to rates for 2019
  - The committee shared that anecdotally, it seems that the mandate, and other tax-credit related penalties, may not be being enforced. This could be due to those penalties, or “claw-backs”, being obscured for people still receiving tax refunds despite the penalty or repayment
- Legislative Session – Rick Blackwell
  - DFR tracking 65 bills, and the agency is tracking about 40% of the bills in the session so far
  - HB 4005 – Drug price transparency: DFR would get reports from manufacturers for certain price increase thresholds, provisions for reporting, data, and hearings to provide explanation for price increases. Funding is still being worked out.
  - HB 4103 – Mail order pharmacies: Would limit the ability of a pharmacy benefit manager (PBM) to require a consumer to order prescriptions by mail
  - 4104 – hearing loss treatments: Health benefit plans (HBPs) – claim payment rates and time between treatment
  - Mr. Field asked if complaints are tracked by subject. Complaints are tracked by carrier or subject area, and there is an option to use keywords for more specificity. It is unknown how many complaints had been received on hearing loss treatment
  - HB 4105 – Penalty for employers meeting a threshold of employees working more than 30 hours a week that are on the Oregon Health Plan (OHP). The idea is to move more people to at least partial work-provided health coverage. Parameters are still uncertain, and there are many intricacies of interaction between OHP and employer-based coverage, including that

- HB 4143 – Recommendations from opioid task force: Task force to discuss the recommendations and generate a report regarding substance abuse disorders
- HB 4156 – Formulary tiering: prohibitions on certain changes carriers can make in moving drugs to a higher formulary tier
- Mr. Houser asked if there were any ideas to mitigate the impact of the possibility of federally qualified health centers (FQHCs) losing funding. Since the state plays no role in that funding stream, that hasn't been discussed. The status of that funding in the federal budget negotiations is still in flux.

**Federal health policy movement**

1:08:10

- Stephanie Kennan with McGuire Woods Consulting:
- Tax bill at the end of 2017 – consisted of zeroing out the penalties, which costs less than a full repeal for CBO scoring purposes
- Government shut down briefly in early January, primarily due to budget caps.
- Continuing resolution to fund the government to Feb. 8
- Continuing resolution included:
  - CHIP extension for 6 years
  - 2yr delay in medical device tax, 2 year delay in “Cadillac tax”, 1 year delay in health insurance tax – unpaid for in the budget, adds \$30B to the budget. Cadillac tax has been problematic for some Democrats
  - Democrats want a package beyond Feb. 8 that includes opioid funding, a stabilization package, FQHC funding, and Medicare extenders
- Sens are re-examining market stabilization packages, which include CSR provisions and funding for reinsurance programs, partly to mitigate damage to the market from the repeal of the mandate
- Freedom Caucus does not seem to support any provisions to stabilize the market.
- Money has not been freed up to put towards opioid abuse mitigation, despite the president’s declaration of an emergency.
- Some states have already taken steps in that direction

**Open enrollment debrief and post-open enrollment work**

1:29:30

- Cable Hogue – Plan year (PY) 2018 enrollment statistics
  - 156,105 enrollees – 4% over 2017 PY open enrollment
  - Some data is still embargoed by CMS, and is not available for public consumption
  - Same number of enrollees used agents, assistors, and community partners
  - Uptick in enrollment of Latino and Pacific Islander demographic, slight decrease in 18-34 yo enrollments
  - The Marketplace will engage the State Health Access Data Assistance Center (SHADAC) to help with geographic demographic targeting accuracy, and to survey populations to try and measure the impact of the perception of the tax penalty
  - 123,637 effectuated enrollments as of 1/1/18
  - Actual repeal of the mandate may have a detrimental impact on 2019 PY open enrollment
  - Some metrics are available from the IRS on Oregonians who paid a penalty for not having insurance, but only gives data down to tax household level. 4.29% of Oregon tax households paid the penalty in 2015.
  - Many more consumers may qualify for a special enrollment period because of end-of year plan changes, but that may not have an impact on final enrollment numbers
  - Enrollment will likely peak in February
  - State-based marketplaces and some federal partnership states (like Oregon)

have saw enrollment increases for PY 2018

- Marketing and advertising – Elizabeth Cronen (1:46:15)
    - The marketplace used several different advertising channels: radio, TV, web, search engine marketing, print/newspaper
    - 2000 TV ads per week, 170 radio ads per week, 50 print ads in community papers during open enrollment, billboards in 38 locations.
    - Efforts were statewide, but more focused on key geographic areas with the most potential enrollees based on 2017 metrics
    - Consumer interaction (click-through) with internet advertising was generally higher than marketing industry averages – breakdowns are available by geographic region, and Mr. Field asked if there were any low-performing regions. That information can be provided at the next update
    - Non-English outreach efforts included TV, radio ads in Spanish and Russian.
    - It is difficult to pin a budget amount to non-English speaking enrollees, a third parties also help with this effort. It is generally more labor-intensive to reach those populations, and efforts continue to drill down to more detailed data about outreach efforts to those populations.
    - Grady Britton, the Marketplace advertising contractor, has also engaged survey organizations to collect more data on advertising impacts
    - TV ads need a certain amount of saturation to achieve any impact, so those were focused in the Portland, Eugene, and Bend metro areas in order to get enough ad time to have an impact on the largest number of people, and stay within budget
    - The Marketplace benefitted from “value-ads” – because of the volume of purchased advertising, some unsold ad slots were given to Marketplace ad time at no additional charge.
    - Post-OE marketing efforts will include focusing on social media, tied together with consumer “seasons”, e.g., wedding season, tax season, etc. For example, there has been good outreach success at bridal shows, with soon-to-be married couples considering a qualifying event.
  - Community partner Program – Rob Smith and Marina Cassandra (2:24:25)
    - \$370,135 in grants were awarded to 6 community partners (CPs) for work leading up to and during PY 2018 open enrollment out of 12 applicants
    - Scoring emphasis was on key counties and hard-to-reach areas
    - 2700 new applications through CP’s, with 669 eligible for QHP, which is higher than last year, and renewals were up as well
    - Numbers seem to be improving year-over-year, likely due to a number of factors including better partner selection, better collaboration between partners, and improved relationships with agents. Mr. McAnulty offered that a streamlined application process could have contributed to a time savings efficiency improvement
    - Grant spending for open enrollment were within the expected range
    - CP’s had a great deal more response to consumer surveys, which will provide useful data
    - Providers have been much more engaged in helping consumers find health insurance
    - People responding to the survey tended to rate often that they felt more informed and pleased with the interaction after engaging with a community partner
    - Federal assistor certifications have proven to be cumbersome for the CP’s, so the Marketplace is collaborating with DHS to develop some Oregon-specific training.
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- Partner Agent Program – Micheil Wallace (2:51:40)
  - 32 partner agents out of 50 applicants were awarded \$290,000 in grants.
  - Partner agents enrolled 13,600 consumers, which was a bit down from last year, but was done in half the time.
  - Half of the grantees were women-owned businesses, and one-third offered bilingual services
  - Geographic
  - Efforts were made to simplify the reporting processes for the agent partners for PY 2018 open enrollment
- COFA Premium Assistance Program – Nina Remple (2:56:30)
  - 483 applications covering 603 people during PY 2018 open enrollment, with up to 2 adults per application
  - Outreach efforts 12 enrollment events, home visits done by partners and agents, and mailers translated into COFA languages
  - Efforts also including partnering with OHA for an event in October leading up to open enrollment
  - COFA-specific advisory group will be meeting in 2018 to discuss improvements to the program
- Due to time constraints, the Outreach updates were pushed to a later meeting

Approval of minutes • The committee moved to approve the minutes from November 30, 2017. The members present approved the minutes unanimously.

3:06:00

Housekeeping and closing • Two new members are joining the committee in February: Kraig Anderson, chief actuary with Moda Health, and Stephanie Castano, program coordinator with Oregon Primary Care Association.

3:06:40 • Claire Tranchese, Joe Finkbonner, and Maria Vargas have opted out of a appointment term to the committee.

\* 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)

<https://go.usa.gov/xQjvj>

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

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