



Department of Consumer and Business Services
**Oregon Health Insurance Marketplace
Advisory Committee Meeting**

Meeting Minutes
Thursday, January 23, 2020 - 11 a.m. to 3 p.m.
Labor and Industries Building, Room 260
350 Winter St. NE, Salem, 97301

Committee members present: Kraig Anderson, Stephanie Castano, Dan Field (Chair), Joe Enlet, Jim Houser, Ken Provencher, Lou Savage (ex-officio), Shanon Saldivar (Vice-chair), and Jeremy Vandehey (ex-officio)

Committee members via phone: Jenn Welander

Members excused: Shonna Butler, Cindy Condon, Numi Griffith, Sean McAnulty, and Sandy Sampson

Other presenters: Stephanie Kennan (by phone), Rep. Alissa Keny-Guyer (by phone), Rep. Andrea Salinas, and Jackie Yerby

Marketplace staff: Chiqui Flowers, Administrator; Katie Button, Plan Management Analyst; Victor Garcia, Operations Development Specialist; Cable Hogue, Implementation Analyst and Federal Liaison; and Dawn Shaw, Division Support Coordinator

Agenda item and time stamp*	Discussion
Welcome and introductions, committee housekeeping 0:0:00*	<p>Congratulated Jim Houser on his retirement, he has applied for reappointment for the committee.</p> <p>The committee agreed to postpone approving the meeting minutes from November 21 until later in the meeting until there were enough members present for a quorum. <i>Note: Minutes were approved at 2:05:20.</i></p>
2020 open enrollment data analysis, Part 1 0:02:22	<p>Cable Hogue presented an update of open enrollment data received from CMS. <i>See the handouts posted on our website for presentation.</i></p> <ul style="list-style-type: none">• Data presented is what CMS has allowed to be externally shared. Will present data percentage differences from last year. In March, CMS will release the full data set and we will be able to share details that are more specific at that time.• Overall plan selections is 145,264 and down 2% from last year (148,180). Factors that could have contributed is a lower unemployment rate.• In February, we will have data on how many effectuated (paid a premium on their plan) data to have a better idea on the actual enrollees. Typically, there is an 85-92% effectuation rate.• Auto re-enrollments, passive enrollments is up 10% from last year. Usually due to people being happy with their plans. They could have researched options and decided they wanted to continue with their plans.• New consumers are down 8%. These are individuals who have selected a QHP, have non-canceled 2020 coverage and did not have 2019 coverage as of 12/31/2019.• Active plan selection down 3% from last year.

- APTC plan selections down 2.7%. Could be caused by the changes in the calculation and in a few counties, changes in the second lowest silver plans. Since we do not have better access to the data, we can only speculate.
- CSR (cost sharing reduction) plan selections down 3.1%. Possible reasons are that people with low medical needs moved to bronze plans (3.6% increase) to save on premiums or those with high medical needs going to a gold plan (2.3% increase). There was a 5.9% decrease in silver plan selections.

Rep. Andrea Salinas arrived, the question and answer section of this presentation is continued below.

Health care priorities and future plans, part 1

0:08:15

Rep. Andrea Salinas from District 38 of the Oregon Legislature discussed her health policy priorities and legislative priorities.

- Is the chair of the House Health Care Committee and has served in that capacity for not quite a year, on the Behavioral Health Committee, Human Services sub-committee, and serves on the Public Employee Benefit Board (PEBB).
- Attended the Oregon Health Forum, discussed bigger picture items. We are asking everyone to pitch in and help to control health care costs. SB 889 is helping with the cost containment discussions. Enforcing benchmarks will help.
- In the next long session, there will be some bigger discussions.
- Hospital Charity Care and Community Benefit Board is going on, they are looking at hospital spending.
- There are some prescription drug bills that pharmaceutical companies are challenging.
- The next big thing on the horizon is how to integrate behavioral health care with primary care. Making sure that everyone has access, in spite of not having a meaningful workforce statewide and that we are spending money in the right places.
- Looking into containing the cost of dialysis.
- SB 770 has a task force looking into Oregon getting universal access to care. Main goal is to make sure patient care is uniform, there are similar metrics, and there is value based payments. Jeremy (OHA) is working on the RFP on a public option that makes sense for uninsured and under insured. Feedback is appreciated and was discussed.
- Is behind Oregon having their own platform.

Division of Financial Regulation (DFR) Panel, part 1

0:30:25

Andrew Stolfi, Insurance Commissioner and DFR Administrator; Tashia Sizemore, DFR Insurance Product Regulation and Compliance – Life and Health Section Manager; and Jesse O'Brien, DFR Senior Policy Advisor, discussed the Oregon Reinsurance Program, planned changes for the 2021 rate filing process, and 2020 legislative session bills.

- Reinsurance Program
 - Benefits include a 6% reduction in premiums.
 - 2020 is the third year it has been in effect, we were one of the first states and there are now more than ten states. Every state that has come after us has asked us for consultation.
 - There is a time lag between making a commitment to the carriers to fund the Reinsurance Program and when the payments are ultimately made. For example, in 2018, there had to be a commitment for a \$90 million dollars in state and federal funds in 2017. Affected rates in 2018. In 2019, carriers had until June 1 to close the books on the 2018 PY and to give us all the data.

Auditors went on site to the carriers around October/November 2018, disbursements issued by December 2019.

- We have to estimate how much money we will be getting from the federal government. We just received a \$54.4 million award for PY 2020. 2019 went down to \$41.8 million. The more money we get from the feds, the less state dollars we have to put in.
- Two bills passed to fund the program. In a few years, there will need to be a discussion on what to do with the program.
- There may be a change in the geographic rating areas.
- Questions about a high-risk pool. As a state, we did look into it but due to the way that the ACA is structured, it has prevented the creation.
- Do not anticipate changes within the next few years but can be impacted by SB 770.
- Program integrity rule requires separate invoicing for abortions. DFR is doing outreach to the carriers. Will see if this goes into affect. There is a non-enforcement option. Carriers can choose not to terminate someone if they fail to pay the separate \$1 bill.
- For the standard plans for 2021, there will be an advisory committee meeting next week to go over the options.
- Colorado passed a law and Washington is looking into a law to cap monthly out-of-pocket payments. We are exploring if we have the authority to go forward with something similar.
- Looking at updating the EHBs and the benchmark plans.
- Rick Blackwell has left DFR.
- Any complaints about drug pricing and coupons should go to DFR.
- Planning on having the due dates for rate filings to be similar to last year. Dates subject to change depending on when CMS finalizes their dates. With the forms, looking at moving the filing date back to June to marry it closer to the plan and benefits filing so it isn't as confusing.
- Tashia is looking at creating a standardized review for questions for the form side. There are currently review questions on the rate side. This will be more proactive than the data calls so things are ironed out before reaching consumers.
- SB 526 for in home visits, we are coordinating with OHA.
- For Insulin caps, we are looking at what the actuarial lift would be.
- Next Friday, DFR will be holding an LTC insurance forum. It will be live streamed as well.
- DFR Legislation
 - HB 4110 is the one bill that DFR is proactively working on. This came out of the work group on alternatives to short-term health plans. Bill is designed to prevent people from falling through the cracks by accidentally missing a premium payment and confusing notifications. Extends non-ACA plans' grace period to 30 days from the current 10. Will set up a 15-day grace period for the effectuation payment. Currently, there is no guidance and it is up to the carrier. Looking at getting better notifications and the ability to write rules.

Rep. Alissa Keny-Guyer called in, this topic will be continued at 1:34:30.

**Health care
priorities and
future plans part 2**

Rep. Alissa Keny-Guyer from District 46 of the Oregon Legislature discussed her health policy priorities.

1:15:13

- Dan informed us that Rep. Keny-Guyer will not be seeking reelection and this is an opportunity for us to thank her for her service.
 - Is on the Health Care Committee and has a degree in Public Health. Her passion is prevention and social determined mental health.
 - Bills that she is focused on comes out of her Human Services and Housing Committee.
 - Her priorities are trying to break the cycle of issues like homelessness and child welfare as a result of not getting on top of mental health and addiction. We have one of the highest rates of addiction and the lowest rates for mental health and addiction services.
 - HB 4040 – Family Treatment Court Bill will provide evidence-based wraparound and parenting support for parents receiving addiction treatment.
 - HB 4112 – Omnibus Child Abuse Prevention/Treatment, focus is on how to get insurers to reimburse medical directors more evenly throughout the state.
 - There are two bills around kids aging out of foster care at 18. Doing a better job in preparing them for adulthood.
 - HB 4120 – Independent Living Program, requesting an increase for case management. The rate has been \$200 and has been the same for years.
 - HB 4039 – Unaccompanied Homeless Youth provides grants for providers who provide shelter and other services and will fund host home programs.
 - The top four bills did not pass. If something is not done, we will have an increasing continuing service level.
 - Understands the need to transition to a state-based marketplace.
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DFR Panel, part 2

1:34:30

Jesse O'Brien wrapped up his presentation on DFR legislative bills.

- LC 6 – Dialysis concept, would cap the reimbursement for dialysis services at the Medicare rate for all commercial plans. Would also cap the patient out-of-pocket at 10%. The intent is for there not to be balance billing.
 - LC 7 – would create a DCBS committee to review health insurance mandates, specifically the ACA provision where the state has to defray the cost of benefit mandates in excess of EHB. We don't think it will go forward in its current form.
 - LC 18 – Rep. Mitch Greenlick's latest run to refer a question to the ballot that would establish access to care as a right in the Oregon constitution.
 - LC 59 – concept from the Oregon Medical Association to reform prior authorization (PA), step therapy, and utilization management. Would extend the time period the PA is good for. Would carve out OEBC and PEBB, not CCOs.
 - LC 92 – big healthcare omnibus bill. Extends the timeline for the Universal Access to Care task force. Looks at CCO financial transparency and number transfers. Provision at the end about auto repeal of old health insurance mandates.
 - LC 102 – pre-exposure prophylaxis, prevent the transmission of the HIV virus. The US preventative services task force recently recommended that the medication be added to the list of services that are available without cost share. Will go into effect soon. This bill would ban PA for those therapies, will add to the list of medications that pharmacists can prescribe. Would require reimbursement to the pharmacist, even if the pharmacy is out-of-network. Would apply to other medications prescribed by pharmacists.
 - LC 134 – drug price transparency, extends the task force.
 - LC connected to capping insulin, cap copayments to \$100. Will create a system for drug transportation from Canada.
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Federal health policy movement

1:45:55

- Stephanie Kennan from McGuire Woods Consulting called in from Washington D.C. to present information about current legislation and cases that involve the ACA.
- December 22, 2019, the government was funded for the fiscal year. In the bill, there was a repeal of the Medical Device Tax, Health Insurers Tax, and the Cadillac Tax. Cost \$375 billion before interest over ten years.
 - Surprise billing is still an issue. At the end of last year, there was a bipartisan agreement on how to move forward. Earlier this month, the Ways and Means leadership drafted their own bill. House would like to get it done by May.
 - Drug pricing - House passed what is known as the Pelosi bill. Some bills are awaiting the result of the finance package.
 - Several states are looking at ways to export medicines from Canada.
 - Abortion and payment - the bills for abortion services need to be sent as a separate bill. Effective June 2020. The rule also steps up oversight of state based exchanges and APTC and requires periodic data matching.
 - Texas v Azar is back to the lower courts to go through it with a fine toothed comb. More to come.
 - Other court cases include risk corridor, cost sharing reduction payments, short-term plans, contraception mandate, ACA non-discrimination provision, and a case about the president not doing his due diligence in enforcing the law. Rulings on these cases should happen some time this year.
 - Medicare put in a policy about site neutral, which means that when you get a surgery it doesn't matter the location (OP clinic, doctor's office, hospital, etc.) you will pay the same price. Went into effect, but the court case is ongoing. There is also the transparency case requiring hospitals to make prices known.
 - Public charge rule had some action recently. This week, the administration asked the Supreme Court for an emergency ruling to lift the nationwide injunction issued by NY judge. There isn't a ruling yet.
 - Ruling in May by HHS Office of Civil Rights addressing medical professionals refusing to see patients due to religious affiliations or moral objections. There are multiple lawsuits on this as well.
 - There may be a future bill about giving patients more access to their medical records.

MAC business

2:05:20

- Approved the November 23 minutes.
- Farewell to Cindy Condon, who was unable to attend, and Stephanie Castano. Both received a certificate recognizing their service.

State-based marketplace transition analysis

2:10:40

- Victor Garcia provided an update on the state-based market place transition from the current federally facilitated model we currently have.
- See the handouts and update for slide 4 posted on our website for presentation.*
- Updates on other states transitioning to a fully state-based marketplace (SBM)
 - Nevada – had their first OE 2020 was successful. They had a similar experience to ours with a failed first SBM in plan year 2014.
 - New Mexico – selected vendor in 2019. Launch target for OE 2022.
 - Pennsylvania – RFP requested a vendors provide a single submission for both technology and consumer assistance center (CAC) for customer support. A vendor has been selected with a November 2020 launch target for OE 2021.
 - New Jersey – changing from federally facilitated marketplace (FFM) to SBM, and announced vendor selections at the start of 2020. The state

chose separate vendors for technology and consumer support. Anticipated launch is in fall 2020 to be ready for OE 2021.

- Virginia – bills have been introduced in the 2020 session, waiting to hear the session outcomes.
- Maine – transitioning from FFM to SBM-FP in 2020 for OE 2021, bill introduced in 2020 session. No specific plans announced for transition to a full SBE yet.
- Went over the comparisons for the OE enrollees from 2019 to 2020. Nevada is the only one that had the full transition. Some numbers can be attributed to Medicaid expansion.
- Showed a cost comparison of technology and CAC for Nevada, New Jersey, Pennsylvania, and Oregon for the first year of maintenance and operations, projected first year average enrollment, and the annual per member per month costs. Oregon's numbers are based on our current use of the federal platform and shows costs almost three times higher than the other states' projections.
- We are working on a high level business case right now. Budget estimates are based on other states contracts and implementations. Projecting multiple assessments in advance. Our homework is reaching out to the other states on their experiences, external resources available through partners, and looking at other states' RFP requirements.
- Ongoing Marketplace work includes business process mapping, setting the annual assessment, and 2021 session prep, all of which will contribute to the business case for an SBM transition.
- The committee asked about the funding for an SBM transition: are we going to have the funds up front? Answer: There may be enough in reserves for initial design, development, and implementation of a technology and CAC, but it depends on timing and would need to be evaluated closer to an RFP. Pennsylvania was able to defer and divide all initial DD&I costs over the life of the contract starting in the first plan year, and vendors seem amenable to that arrangement. It depends on what the vendors will agree to. We don't anticipate asking for general funds.
- Discussion on going forward may be delayed pending discussions and decisions on if the Marketplace stays with DCBS or moves to Oregon Health Authority. The structure of the platform wouldn't change regardless, but the timing of a transition project and resource allocation would be impacted. OHA has a larger infrastructure for handling IT projects. Still looking at where the Marketplace would fit best and be best positioned going forward. We will still be doing the prep work that can be done now.

Window shopping tool

2:53:53

Katie Button presented and update for the window shopping tool and discussed future considerations.

- The shopping tool was released on October 18, 2019.
 - From October 18 to December 17, 2019, accounting for the extension of OE due to technical issues with HealthCare.gov. There were a total of 35,337 unique users that used the shopping tool. Our goal was 20,000.
 - Majority of users were in Portland, followed by Eugene and Bend. Had some users in random places like San Francisco.
 - Average time consumers stayed on the site was seven minutes. Many entered their household information and browsed plans.
 - Implementation and maintenance is very easy, with no major issues. Feedback has been positive. Consumer checkbook was great at troubleshooting issues and working with us.
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- We are looking at possible upgrades for 2021 including provider and formulary searches. We will be looking at getting input from stakeholders on potential upgrades they would like to see

Marketplace Assessment Refund Rule

2:59:13

Anthony Behrens went over the hearing for amendments to OAR 945-001-0002 and OAR 945-030-0020 about the Marketplace Assessment Refund Rule.

- Rulemaking to finalize temporary rules issued September 2019. Needed to improve the rebating procedure and could not do so via regular rulemaking.
 - Adding a definition for biennium, match the states budgetary period.
 - Reduced rebate crediting period from 24 to 12 months
 - Specification of rebates being credited beginning January of the following biennium.
 - Rebate credits to be paid in 12 monthly installments, first 11 to be equal dollar amounts with the 12th month being what ever is left.
 - Clarified that a carrier is: entitled to pro rata share of rebates owed to carriers no longer participating in the Marketplace, not entitled to the rebate if they didn't pay assessments or are a participant in the Marketplace.
- Should not be any impact to the public.

2020 open enrollment data, Part 2

3:07:20

Cable Hogue continued the updates of the 2020 open enrollment data.

- There was not a significant change in premiums after APTC. APTC did increase by \$9.
- People on subsidies did change 2.7% lower than it was previous. CMS indexing changed.
- Trends are that a higher people are effectuating. Consumers seem to be making a more informed choice about the tier that they are in. Elizabeth worked with the media to highlight what they could be eligible for.
- SEPs have increased plan selections.
- Auto enrollments are going up every year. Consumers may have actively shopped but decide to stay with the plan that they are in.
- More detailed data could be better in determining why or why not people change plans.

Closing

Reappointment confirmations will be February 5.

Next meeting will be Thursday, April 16, 2020.

*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 2020 Meetings, January 23.

Meeting materials are found on the Oregon Health Insurance Marketplace Advisory Committee website: healthcare.oregon.gov/marketplace/gov/Pages/him-committee.aspx