

Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee Meeting
Wednesday, Nov. 9, 2016 - 1 p.m. to 4 p.m.
Portland State Office Building, Room 918
800 NE Oregon St, Portland, OR 97232

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, Claire Tranchese, Maria Vargas (by phone), Patrick Allen (ex-officio),

Members excused: Mark Fairbanks (ex-officio)

Agenda item and time stamp*	Discussion
Welcome and introductions, Election results 0:00	<p>The committee members present introduced themselves; in addition to the committee members, other attendees included: Laura Cali, Oregon Insurance Commissioner; Berri Leslie, Marketplace Administrator; Dawn Jagger, Marketplace Federal Liaison; D'Anne Gilmore, Marketplace Performance Improvement Advisor; Victor Garcia, Marketplace Committee Liaison; Chiqui Flowers, Marketplace COFA Program Manager; Oliver Droppers, Oregon Health Authority Policy Analyst Policy Analyst Policy Analyst Policy Analyst Policy Analyst</p> <ul style="list-style-type: none">- Mr. Allen opened the meeting by addressing the results of the recent election- It is still too early to make any assumptions about the potential outcomes of the current committee issues because of the election results- It would be prudent to take a deep breath, focus on the current work, and adapt to any changes as the committee becomes aware of them
Market Stability Matrix 0:10:00	<p>Related document**: DCBS health reform strategies matrix draft</p> <p>Mr. Allen introduced the topic of general health insurance market stability in Oregon, and the impact of the individual market stability on the rest of the market. The three key areas being looked at are:</p> <ul style="list-style-type: none">- Stabilizing cost of insurance for individuals- Stabilizing carrier finances- Geographic stability of offerings <p>Ms. Cali continued by emphasizing that the concepts on the matrix are focused on state-based solutions, and that Oregon has demonstrated commitment to stabilizing the market. She then walked through the Reform Strategies Matrix document. Some key highlights:</p> <ul style="list-style-type: none">- One idea is to re-establish a state reinsurance program to help bring down and stabilize risk. The Federal and related state reinsurance programs are sunseting this year and could be replaced; this kind of risk stabilization could include the small group market as well.- Develop a measure determining whether some areas of the state were not competitive enough, and set up a "pool of last resort" as an option to consumers who may not have other options in their geographic area- Find ways to incentivize carriers to continue business throughout the state. One option might be: Carriers conducting certain types of business with the state could also be required to also handle qualified health plans statewide- Pre-emptive caps for open enrollment for non-financial solvency reasons

- Issues around changing agent commissions - limiting when and how carrier agent commission structures could be changed
- Establishment of reference pricing for specific procedure costs for all health carriers to use
- Establishment of market-wide claims cost estimates by state or designated third party for use in rate-setting; all carriers would start with the same information before proposing rates for the coming year

Mr. Allen summarized the efforts to put a market stability package together for the 2017 legislative session. The department will present a proposed package to the committee before pushing forward in the legislature.

Basic Health Plan Related documents: [BHP HB 4017 advisory group DCBS response to questions and comments](#); [Wakely BHP report](#); [DCBS draft response to Wakely Urban BHP Sept. 2016 report](#); [DCBS Basic Health Program Policy Report Presentation](#)

1:15:05

Ms. Gilmore and Ms. Jagger gave a presentation on the culmination work of the Basic Health Program (BHP) subcommittee. (The work of the subcommittee and meeting materials can be found here: <http://healthcare.oregon.gov/Pages/bhp-committee.aspx>).

A report was developed by Wakely actuarial services and the Urban institute, and the Department of Consumer and Business Services (which includes the Marketplace) subsequently developed a response to the information in the report, which included input and recommendations from the subcommittee. Presentation from 1:15:05 to 2:00:05

Due to the high cost of establishing such a program, the subcommittee also formulated some alternatives that may accomplish some of the goals of a BHP, and those were part of the presentation to the committee.

Public Comment Public comments, all addressing advocacy of the BHP topic:

2:01:00

- (2:01:00 - 2:04:42, 2:16:13 – 2:17:26) John Mullin, Oregon Law Center:
- (2:05:45 – 2:10:00, 2:17:27 – 2:19:10) Janet Bauer, Oregon Center for Public Policy
- (2:10:44 – 2:16:03) Jessica Adams, Providence Health and Services
- (2:19:13 – 2:21:08) Joseph Santos-Lyons, Asian Pacific American Network of Oregon (APANO)

Committee Discussion The committee discussed the BHP and its alternatives:

2:21:40

- The Marketplace's [COFA premium assistance program](#) has been referenced as a model for a possible BHP alternative.
 - o The program was developed to provide insurance premium assistance to a specific population present under the Compact of Free Association (COFA), who are present legally, but ineligible for low-income Medicaid assistance.
 - o The BHP alternative program based on this model requires low-income individuals who do not qualify for Medicaid (with an income between 138% and 200% of the federal poverty level [FPL]) purchase of a plan through the federal marketplace, which qualifies the enrollee

for potential tax credits and cost-share reductions (CSR) towards premiums based on income

- The program would “wrap around” this enrollment, and pick up the premium remaining after the tax credits and CSR are applied, making the coverage affordable for people falling into that 138% - 200% of FPL band
- This option would be state-based, would not require a federal 1332 waiver, and would not rely on changes to the healthcare.gov federal technology platform, greatly increasing the potential success of implementation

(2:28:20 – 2:31:55) Additional public input on this concept from Victoria Demchek, Oregon Primary Care Association

Mr. O’Brien moved to recommend a “no” to the legislature on a 1332 waiver and full BHP plan as presented, but to commit to exploring the possibility of alternatives aimed at accomplishing the same goals.

Mr. Field sought input from the individual members of the committee before proposing a vote.

- Mr. Provencher expressed concerns about creating separate risk pools in the market, and likes the “carrier of last resort” idea. Votes no on the full BHP as proposed.
- Ms. Butler votes no on the full BHP as proposed, and would like to explore state-based options.
- Ms. Condon expressed concern about the impact to the individual market of a BHP. Votes no on the full BHP as proposed, and yes to explore alternatives.
- Ms Saldivar Votes no on the full BHP as proposed, and yes to explore alternatives.
- Mr. Houser expressed concern about IT solutions available to the marketplace, given the potential of the federal marketplace not being available in the future. Votes no on the full BHP as proposed, and yes to explore alternatives, with special attention to IT.
- Mr. Enlet stressed the urgent need of the population he serves. Votes yes on the BHP, while attempting to address the issues presented the committee, in order to arrive at a solution as quickly as possible.
- Mr. McNulty addressed Mr. Enlet’s concerns and posited that a state-based alternative might be quicker to implement due to IT and 1332 waiver issues.
- Ms. Tranchese votes no on the full BHP as proposed, and yes to explore alternatives, including the possibility of returning to a state-based IT technology: e.g., exploring leveraging OHA’s One system
- Ms. Vargas votes no on the full BHP as proposed, and yes to explore alternatives, with special attention to reducing consumer complexity
- Mr. Finkbonner addressed the Indian Health System in Oregon, and wanted to ensure that any solutions can integrate with that.

2:58:10 Mr. O’Brien restated his motion to recommend that:

- The Oregon legislature does not move forward with a 1332 waiver for a 1331 BHP at this time,
- The committee will continue workgroup discussions of 1332 and non-1332 BHP alternatives

- The committee will convene a subcommittee to discuss these, providing an interim report in March 2017 and a final recommendation by July 1 2017

Motion seconded by Mr. McAnulty.

A process discussion followed, and Mr. Droppers suggested that the committee connect, and perhaps have a joint meeting with the Oregon Health Policy Board, which is having similar discussions about what is happening at the federal level, and its potential impacts on Oregonians' health care and health insurance.

(3:02:10) Mr. Field called for a voice vote on the motion. All members present voted yes, and none opposed.

Mr. Allen thanked the committee for their work on this issue, and stressed that the future of the healthcare.gov platform is tied to the tax credits and cost-sharing reductions of the Affordable Care Act. Therefore, any ideas for an IT path forward will depend largely on what happens with respect to those topics.

Adjournment The meeting was adjourned at 4:05 p.m.

* 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=S0x3wTmurIQ>

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

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