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

April 18, 2019
11:00 a.m. – 3:00 p.m.
Labor & Industries Building – Room 260
350 Winter St NE, Salem, OR 97301

Phone: 1 (866) 377-3315
Access code: 8421 689
Link to join (you can choose to have the meeting call you):
ohim.adobeconnect.com/macmeeting-04-18-19/

Please note that this public meeting will be recorded.

A G E N D A

Time	Topic	Discussion, updates, or recommendation	Presenter
11:00 – 11:15 am	Welcome and approval of meeting minutes		Dan Field Committee Chair
11:15 – 11:40 am	Marketplace Advisory Committee annual report	Discussion	Elizabeth Cronen Marketplace Communications and Legislative Manager
11:40 am – 12:10 pm	Federal health policy movement	Updates and discussion	Stephanie Kennan McGuire Woods Consulting
12:10 – 12:30 pm	Collect lunch and break		
12:30 – 1:00 pm	2019 Open Enrollment data analysis	Updates and discussion	Cable Hogue Marketplace Implementation Analyst and Federal Liaison
1:00 – 1:05 pm	Public comment		Dan Field Committee Chair
1:05 – 1:20 pm	2019 Marketplace request for information	Updates and discussion	Victor Garcia Marketplace Operations Development Specialist
1:20 – 1:30 pm	Break		

1:30 – 2:00 pm	2019 legislative session	Updates and discussion	Elizabeth Cronen Marketplace Communications and Legislative Manager Anthony Behrens Marketplace Senior Policy Advisor and Carrier Liaison
2:00 – 2:45 pm	DFR panel: • 2019 rates and process • Consumer advocacy initiatives • Legislative priorities	Updates and discussion	Andrew Stolfi DFR Administrator and Oregon Insurance Commissioner Rick Blackwell DFR Policy Manager Brian Fordham DFR Consumer Advocacy and Education Manager
2:45 – 2:50 pm	Public comment		Dan Field Committee Chair
2:50 – 3:00 pm	Closing remarks		Dan Field Committee Chair
Adjourn			

Meeting Minutes
Oregon Health Insurance Marketplace Advisory Committee
Thursday, January 24, 2019 - 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), Mark Griffith, Jim Houser, Sean McAnulty (by phone), Ken Provencher, Shanon Saldivar (Vice-chair), Cameron Smith (ex-officio), Jeremy Vandehey (ex-officio), Jenn Welander

Members excused: Shonna Butler, Cindy Condon, Joe Enlet

Other DCBS staff present: Rick Blackwell, DFR Policy Manager

Marketplace:
Chiqui Flowers, Administrator; Elizabeth Cronen, Legislative and Communications Manager; Katie Button, Plan Management Analyst; Cable Hogue, Implementation Analyst and Federal Liaison; Victor Garcia, Operations Development Specialist

Agenda item and time stamp*	Discussion
Welcome and introductions, committee housekeeping 0:0:00*	The committee moved, seconded, and the members present voted unanimously to approve the meeting minutes from January 24, 2019
Federal health policy movement 0:05:45	Stephanie Kennan, with Maguire Woods consulting, delivered the federal health policy update by phone • Senator Grassley (R-IA) has taken over as chair of the Senate Finance committee • Various other committees in the house and senate have been seated with new chairs and members • Oversight and Governement Affairs committee has begun an investivgation into drug prices • There have already been inquiries and prioritization of Medicare for All-related items in the house committees, including the Rules committee and the Energy and Commerce committee. Progress on the Madicare for All concept may be slower than the freshmen house members would hope. • Texas v. Azar progress has slowed due to government shutdown • The Notice of Benefit and Payment Parameters (NBPP) has been released very late, with comments due Feb. 19. • The committee asked about the Health Insurance Tax (HIT). This does not appear to be a focus for this congress, and there likely won't be time to address it, but stay tuned • There may be more movement around market stabilization over Medicare for All • Marketplace staff asked if there are limitations on which committees may hold hearings on Medicare for All. House Energy and Commerce, as well as Ways and Means, may both have jurisdiction, but it has been made clear that market stabilization efforts for the ACA are the current priority.

- The committee asked about the "public charge" Medicaid rules. Between the government shutdown and the negative reception, it seems that any movement on this will be delayed.
- The committee asked about any inherent delays with judicial invalidation of ACA provisions, and whether that could directly impact 2020 plans specifically. It appears that the appeals process will take a while, and would not be seen by the Supreme Court before the summer, so the prevailing thought is that 2020 will likely proceed as 2019 did.

2019 legislative session

0:24:50

Related documents: SB 250 (2019) DFR Overview

Rick Blackwell, Policy Manager with the Division of Financial Regulation (DFR) gave an update of legislation impacting DFR insurance regulation:

- SB 250, introduced on behalf of DFR, will be the vehicle to update Oregon statutes to mirror provisions in the ACA. It will not fully replicate the ACA, especially with regard to financial provisions, but will enshrine some important ACA provisions:
  - Guaranteed issue protections for people with pre-existing conditions
  - Mental health parity requirements clarifications for qualified health plans (QHP)
  - Prohibiting certain types of discrimination, mirroring ACA section 1557
  - Establishment of authority to create a state risk adjustment program if needed
  - Changes to health reimbursement arrangements to align with federal provisions
  - Allowance for more than one standard bronze plan to allow carriers more flexibility with HSA plans
  - Clarification of coverage across state line in specific circumstances
- The committee asked about the possibility of a state mandate making it into this bill as a vehicle. While it is possible, this is not in the initial list of proposed changes
- The reasoning behind the mandate is to keep the risk pool as large as possible, since the consumer protections on their own do not keep premiums down – especially if the ACA is largely or wholly invalidated at the federal level.
- There has been some general support for a state mandate, but it is a much larger conversation than these more specific ACA provisions. Oregon does not currently have a plan to replace the federal funding currently making plans more affordable for Oregonians.
- Vice-chair Saldivar expressed optimism that a bronze plan redesign will bring back the copays that made bronze plans more affordable to use.
- Director Smith asked if there was any data related to the makeup of the uninsured population, the small remaining population not covered by OHP or a QHP. Mr. Vandehey offered that a recent survey found that those uninsured are often eligible for OHP or large QHP subsidies, but still think it is unaffordable. Many also find that they are not able to use their QHP, as they cannot affor many of the out-of-pocket costs of services.
- Committee member experiences with consumers confirm these notions

Ms. Cronen discussed some legislation that directly impacts the Marketplace

- HB 5011 – DCBS budget, which includes finding for the Marketplace, COFA, and SHIBA

- HB 2706 – COFA dental program – as written, OHA will be responsible for this program in collaboration with the Marketplace
- SB 249 – prior authorization: clearer timelines for consumers, stronger protections against bad business and unlawful practices
  - Committee member perspectives offer that, while carriers generally rely on evidence-based criteria for pre-authorization practices, obtaining information about which procedures under which circumstances require pre-authorization from carriers can be difficult for agents and consumers
- SB 145 – Establishes an advisory group that would set state healthcare spending benchmarks, including a member from the Marketplace Advisory committee.
- HB 2703 – Short term plan regulation: seeks to allow 12-month short-term, limited duration plans within a 36-month period.
- Director Smith expanded on the DCBS budget bill:
  - Presentations to the Transportation and Economic Development ways and means committee on Feb. 4, 5, and 6. The makeup of that committee is largely new members, so DCBS is reaching out to educate and inform these new members about its divisions and responsibilities

2019 Open enrollment data analysis

1:08:30

Mr. Hogue presented information regarding enrollment data for 2019 open enrollment

- Enrollment levels were at 148,180 total plan selections, a drop of 7900, or 5 percent over the previous year.
- 4% higher number of auto-reenrollments over the previous year
- Highest decline in enrollments were for people falling into the 138 – 250 percent of federal poverty level (FPL) demographic
- Without more detailed data, possible causes for this are only less-informed hypotheses – the Marketplace is unable to see individual-level data
- Data on effectuated plans will be coming in February, and more detailed demographic data comes from CMS usually in March or April
- The committee had sent some questions regarding the impact on the lack of an enforceable mandate on the level of effectuations. While it is unclear this soon after open enrollment, the prevailing estimates are that, since the zeroing out of the mandate has been known for some time, those enrolling in coverage are more likely to be doing so because they want and need it, and would not be more likely not to effectuate their plans
- With the limited data available from CMS, the Marketplace does not know if there is significant migration of enrollment between metal levels
- Data shows that the uninsured population in Oregon is dropping overall, and that the Medicare (including COWAM) and self-insured groups have increased from 2015 to 2018. QHP enrollment has dropped slightly overall since that time, and has tended to drop throughout the calendar year leading up to open enrollment.
- Oregon has ranked right around the national average of enrollment levels for 2019 opene enrollment, and levels have decreased nationally. Targeting those uninsured populations has proven challenging, especially with the limited data available to the Marketplace from the federal exchange.
- The committee asked if there was data on consumer utilization of health coverage. Possible sources for that data would be from the carriers, or through OHA surveys, but there is currently no single accurate source for this data.

- More comprehensive data should be available from CMS in late March or early April, but there is not a great deal of granularity for income data, especially for those over 400 percent of FPL
- Estimates indicate that Oregonians receive $500M in APTC, giving an idea of the funding required to maintain the same level of consuemer financial support should the federal ACA repeal efforts succeed

Proposed 2020 Notice of Benefit and Payment Parameters (NBPP)

1:40:05

Mr. Behrens presented information on the 2020 NBPP, and the coordinated Marketplace and DFR efforts to respond with comments before the deadline

- The NBPP establishes the marketplace rules for the following year. The comment period this year is 30 days from the publish date, which gives stakeholders very little time to prepare formal comments.
- The fee for using the FFM is proposed to drop to 2.5 percent of premiums
- There are various proposed changes to maximum out-of-pocket (MOOP) amounts for different income levels, and calculations of expenses that count towards MOOP.
- Changes to direct enrollment (DE) pathway regulations, by which third parties may act as a proxy for consumers to enroll in a QHP, including restrictions on the types of information that may be presented on a DE website.
- Ms. Flowers raised the issue of the fee assessed as a percent of premium for the FFM. While the rate is dropping, the likely rise in premium would likely keep the fee the same. There is still no transparency as to the justification for the fee.
- CMS will sometimes change course on the final rules versus what is proposed, but that has been a rare occurrence previously.
- The committee expressed concern that what counts toward MOOP seems to be slowly being eroded.
- The committee discussed how to coordinate and aggregate comments on the NBPP. Because of the very recent release of the NBPP, staff agreed to circulate some summary and context information by the first week of Feb. to help inform any members who my wish to comment. Comments on the NBPP are due by Feb. 19

Updating the 2016 Technology Review report

2:12:10

Related documents: Summary analysis of Nevada and New Mexico marketplace technology platform RFIs
Enrollment and eligibility platform analysis update for Jan. 24, 2019

Mr. Garcia introduced a summary of the Nevada and New Mexico requests for information (RFIs) for a state-based marketplace (SBM) technology that ended in 2018.

- The key takeaways for Oregon from both RFIs were covered in a Power Point presentation.
- Technology solutions are far more affordable, and vendors with proven success now offer already-created solutions to states looking to make a change.
- Telephone consumer assistance centers, with staff specially trained to handle QHP, are similarly offered as part of a contracted package through vendors.
- The committee asked how long a switch will take. Implementation timelines are still long, as a proposed switch would involve complex project planning while

moving through state and federal IT, funding, and procurement prerequisites and requirements.

- The committee expressed interest in moving forward with an exploration of options for Oregon, including an RFI when appropriate. The committee understands
- The committee discussed how to communicate the direction of the committee's exploration of this topic with the legislature. The idea of a letter was posed, with key considerations explained. The committee also discussed the possibility of members meeting in-person.
- Ms. Flowers asked the committee what, after an RFI, would prevent the committee from wanting to move towards an RFP. The responses indicate that there would be an ongoing assessment of the viability of a switch, even if the committee decided to move forward, especially given the incertainty of policy direction and ACA challenges at the federal level
- There may still be value in an Oregon-controlled platform, even if the ACA is weakened: other programs or innovations may be easier to implement with an owned platform. The essential nature of the premium subsidies makes the risk of an implementation greater
- The committee discussed the possibility of using the Marketplace annual report to communicate this direction to the legislature. This could take the form of a cover letter outlining the guiding principles of this new analysis: Increased value, better service delivery, and possession of our own data for Oregonians.
- Ms. Welander expressed the desire to see an estimated timeline for implementation. Staff expressed how the uncertainty of certain variables can change those timelines significantly, but would try to come up with some best- and worst-case estimates for implementation.

Marketplace Advisory Committee report

2:53:10

Related documents: Presentation on drafting the Marketplace Advisory Committee annual report

Ms. Cronen presented information regarding the 2018 Marketplace Advisory Committee report to the legislature, including the statutory requirements of the report.

- The reports are submitted via email to legislators. There was no reaction to previous reports, other than a few acknowledgements of receipt by those legislators' offices.
- The committee expressed a desire to have more time to review the draft of the report prior to a meeting to discuss and provide input in person before the final version is completed

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- Aside from technology, the committee expressed the notion of including some commentatry and context on the overall health of the individual insurance market
- Next steps would be to submit an outline of the report structure to the committee, and a draft distributed before the next meeting. During those exchanges, the committee will determine how to incorporate the technology assessment into the report.

Closing	The committee will participate in the Marketplace 2020 assessment rate rulemaking in February, with more details forthcoming.

*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 2019 Meetings, January 24.

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

Annual Report of the Health Insurance Exchange Advisory Committee

May 15, 2019

Department of Consumer and Business Services
350 Winter St. NE
Salem, OR 97309
855-268-3767
www.oregon.gov/dcbs

Table of Contents

I. Introduction

Oregon Revised Statute (2015) 741.004 created the Health Insurance Exchange Advisory Committee, known as the Marketplace Advisory Committee or MAC. The committee advises the director of the Department of Consumer and Business Services in the development and implementation of the policies and operational procedures governing the administration of the marketplace.

The statute calls for an annual report from the committee, containing findings and recommendations, including:

a) Adequacy of assessments for reserve programs and administrative costs
b) Implementation of the Small Business Health Options Program
c) Number of qualified health plans offered through the exchange
d) Number and demographics of individuals enrolled in qualified health plans
e) Advance premium tax credits provided to enrollees in qualified health plans
f) Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange

This 2018 report is prepared in compliance with the statute.

II. Marketplace Advisory Committee

The members of the committee for 2018 were:

- Kraig Anderson, chief actuary, Moda Health, Portland
- Shonna Butler, life and health insurance broker, Tomlin Benefit Planning, Inc., Eugene
- Stephanie Castano, program coordinator, Oregon Primary Care Association, Portland
- Cindy Condon, health plan enrollee, Salem
- Joe Enlet, consul general, Consulate General of the Federated States of Micronesia, Portland
- Dan Field, executive director, Community Benefit and External Affairs, Kaiser Permanente Northwest, Portland. Field serves as chair of the advisory committee.
- Jim Houser, owner, Hawthorne Auto Clinic, Portland
- Sean McAnulty, consumer advocate, Portland
- Mark Griffith, health care advocate, OSPIRG, Portland
- Ken Provencher, chief executive officer, PacificSource Health Plans, Springfield
- Shanon Saldivar, insurance agent, Revell Coy Insurance, The Dalles. Saldivar serves as vice chair of the advisory committee.
- Jennifer Welander, chief financial officer, St. Charles Health System, Bend
- Cameron Smith, director of Department of Consumer and Business Services (ex-officio member)
- Jeremy Vandehey, director, Health Policy and Analytics, Oregon Health Authority

III. Findings and recommendations required by Oregon Revised Statute (2015) 741.004

i. Adequacy of assessments for reserve programs and administrative costs

The Marketplace is financially stable and self-sufficient for the remaining six months of the 2017-19 biennium.

At a Feb. 13, 2018, meeting, the Marketplace Advisory Committee recommended 2019 assessment rates for individual medical plans and for stand-alone dental plans. They agreed the rates should be retained at the 2018 levels. They are:

- $6 per member per month (PMPM) for individual medical health plans
- 57 cents PMPM for stand-alone dental plans

As of Dec. 31, 2018, the Marketplace can fund approximately 11 months of activities with a fund balance of $6.6 million.

The 2017-19 biennium budget for the Oregon Health Insurance Marketplace is shown here:

2017 - 2019 Legislatively Adopted Marketplace Budget

Section	2017 - 2019 LAB	Positions	FTE
Marketplace	14,917,407	17	17.00
Shared Services	1,012,108		
Total	15,929,515	17	17.00

Through the end of the biennium, the Marketplace is expected to use about 79 percent of its limitation. The Marketplace expects to use a significantly larger portion of its limitation in the 2019-21 biennium due to:

- A $1 million reduction in its limitation for IT services.
- The purchase of a consumer choice tool that will allow Oregonians to have a more efficient plan choice experience than is currently offered through the federal tool. The Marketplace expects to spend about $500,000 per biennium on this tool. This is an off-the-shelf product.

Through December 2018, the Marketplace has used 110 percent of the allowed shared service limitation. The Marketplace has discussed this with the Legislative Fiscal Office and is requesting additional shared service limitation to meet the expected biennium cost.

Oregon Health Insurance Exchange 2017 - 2019 LAB and Actuals

Section	2017 - 2019 LAB	Actual Expenditures as of 12/31/2018	Projection 1/2017 - 6/2018	Actual and Projected	Variance Over/(Under)	% Variance ((Actuals + Projected) / LAB)
Marketplace	14,917,407	8,679,684	3,102,319	11,782,003	(3,135,404)	79%
Shared Services	1,012,108	1,113,019	596,981	1,710,000	697,892	169%

The following table shows revenues for the Health Insurance Marketplace during calendar year 2018.

Oregon Health Insurance Exchange CY 2018 Balances and Revenues

Account Description	2018Q1	2018Q2	2018Q3	2018Q4	Year Total
Beginning Balance	3,535,353	4,129,083	5,625,782	6,858,129	
PMPM Assessment - Medical	2,445,727	2,422,814	1,930,495	2,548,111	9,347,146
PMPM Assessment - Dental	34,954	36,357	38,474	31,695	141,481
Interest and Investments	19,455	25,995	40,747	42,722	128,919
Other Revenue	10,150	577	711	721	12,158
Total	2,510,286	2,485,743	2,010,427	2,623,249	9,629,706

ii. Implementation of the Small Business Health Options Program

The Marketplace continues to help qualified employers take advantage of the small business health care tax credit, though the Marketplace does not operate a Small Business Health Options Program (SHOP) online portal. Instead, any small business in Oregon with one to 50 employees can purchase a certified plan directly from one of the participating insurers or through an insurance agent. If the small business has fewer than 25 full-time employees, it may be eligible for the small business health care tax credit. The insurer can contact the Marketplace to request a letter confirming that the plan purchased is certified, and the employer can use the letter to file for the tax credit from the IRS. This process was first implemented in 2014.

In 2018:

- 122 small businesses used the Marketplace's process
- 900 people were covered on those plans
- The businesses chose plans from among four insurance companies offering Marketplace-certified plans

iii. Number of qualified health plans offered through the exchange

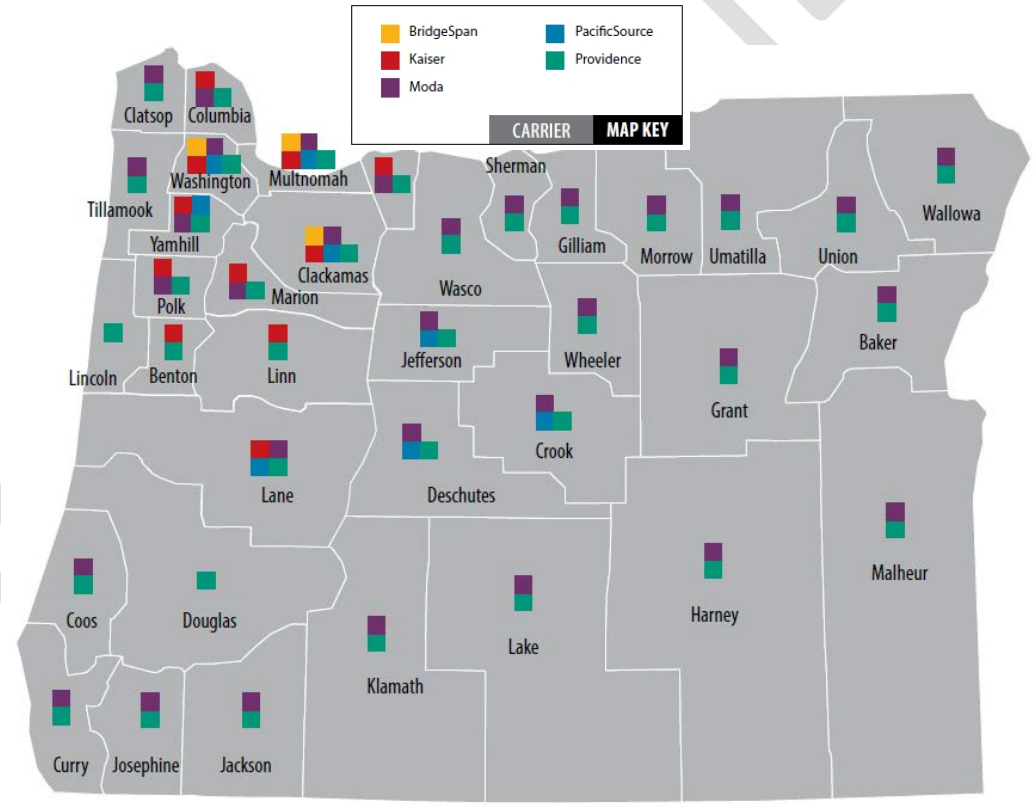
Insurance companies filed 2019 rates and service areas in spring of 2018. For the 2019 plan year, five insurance companies sell qualified health plans in Oregon on HealthCare.gov.

However, availability is uneven across the state. Of Oregon's 36 counties, two (Lincoln and Douglas) have only one insurance company (Providence Health Plans) offering coverage through HealthCare.gov. In those counties, two bronze-tier plans, one silver-tier plan, and one gold-tier plan are available.

In 22 other Oregon counties (see map below), two insurance companies sell plans on HealthCare.gov. In those counties, a minimum of seven plans are available.

The greatest choice is available in the tri-county Portland metropolitan area. In Multnomah, Washington, and Clackamas counties, five insurance companies offer a total of 38 plans.

In the Oregon counties where they issue plans, Kaiser and PacificSource each also offer a catastrophic-coverage plan to those eligible to purchase it, usually people age 30 or younger.



iv. Number and demographics of individuals enrolled in qualified health plans

Calendar year 2018 comprised the 2018 plan year and the entire open enrollment period (Nov. 1 to Dec. 15) for the 2019 plan year. Total enrollment by the end of open enrollment was 148,479, a 5 percent drop. After the plan year began, the Marketplace learned that the number of enrollees who paid their first 2019 premium (effectuated their coverage) rose compared to

the 2018 plan year. The number who effectuated 2019 coverage was 140,905, compared to 140,176 effectuations for 2018 coverage.

The following 2018 data were reported by the Centers for Medicare and Medicaid Services once open enrollment closed.

Total On-Marketplace Enrollment	
By Dec. 15, 2018 (2019 plan year)	By Dec. 15, 2017 (2018 plan year)
148,479	156,105

Applications and Eligibility	
Applications	141,253
Individuals on applications	205,819
Eligible for Marketplace	173,273
Eligible with financial help	123,851
Eligible for Medicaid	31,951

New and Returning Customers	
New enrollees	35,617 (24%)
Returning enrollees	112,563 (76%)
Auto-enrolled returning enrollees	27,512 (19% of all customers)
Active returning enrollees	85,051 (57% of all customers)
Active returning who changed plans	48,875

Enrollment by Gender	
Female	55%
Male	45%

Enrollment by Age*	
Age < 18	8%
18-25	7%
26-34	17%
35-44	17%
45-54	18%
55-64	31%
>64	1%

*Percentages do not total 100 percent due to rounding

Enrollment by Metal Tier	
Bronze	39%
Silver	50%
Gold	10%
Platinum	0%
Catastrophic	<1%

Enrollment by Race/Ethnicity*	
American Indian/Alaskan Native	<1%
Asian	7%
Black	1%
Hawaiian/Pacific Islander	<1%
Latino	6%
Multiracial	3%
White	67%
Unknown/Not reported	20%

*Percentages total more than 100 percent because people who identify as Latino may be of any race

Enrollment by Income Level	
>150% FPL*	9%
150%-200% FPL	22%
200%-250% FPL	17%
250%-300% FPL	12%
300%-400% FPL	18%
Other income level**	21%

*Federal Poverty Level. FPL for plan year 2018 was $12,060 per year for an individual and $24,600 for a household of four.

**Incomes above 400% FPL and unknown incomes

Enrollment by County	
Baker County	604
Benton County	2,576
Clackamas County	15,524
Clatsop County	1,769
Columbia County	1,371
Coos County	2,022
Crook County	851
Curry County	1,060
Deschutes County	11,405
Douglas County	2,674
Gilliam County	75
Grant County	219
Harney County	271
Hood River County	1,354
Jackson County	7,456
Jefferson County	637
Josephine County	2,937
Klamath County	1,785
Lake County	247
Lane County	13,318
Lincoln County	2,145
Linn County	2,989

Malheur County	645
Marion County	8,755
Morrow County	202
Multnomah County	36,533
Polk County	2,120
Sherman County	70
Tillamook County	1,121
Umatilla County	1,459
Union County	975
Wallowa County	461
Wasco County	765
Washington County	18,738
Wheeler County	61
Yamhill County	2,986

v. Advance premium tax credits provided to enrollees in qualified health plans

Customers Receiving Subsidies	
Percent of customers receiving financial help	75%
Percent with APTC*	74%
Percent with cost-sharing reductions	34%
Average APTC among consumers receiving APTC	$455

*Advance Premium Tax Credit

vi. Feedback from the community about satisfaction with the operation of the exchange and qualified health plans offered through the exchange.

The Marketplace Advisory Committee represents a wide range of health-insurance stakeholders, including insurance companies, insurance agents, enrollment assisters, health care providers, small businesses, advocates, consumers, and government agencies. Throughout 2018, committee members drew on their understanding of these communities as they considered Marketplace operations.

Over the course of the year, the committee focused on the accessibility of coverage in the individual market, and homed in on the costs and consumer experience associated with HealthCare.gov, the eligibility and enrollment platform used in Oregon for Marketplace coverage and financial assistance. Using the committee's input, Marketplace leadership issued a request for vendors to submit information (RFI) about technologically mature, tested, and reliable online health insurance marketplace platforms and associated consumer assistance centers. The Marketplace will use the responses to get more advice from the committee before considering next steps.

Oregonians can expect the committee to keep consumers' needs foremost as they formulate their advice on how to proceed, just as the consumer experience was central in the discussions that led up to the RFI.

In a discussion of market stability, the committee identified many important aspects of the issue, including the breadth of plan choice available, and concluded that cost was the dominant stability factor affecting consumers. Regarding enrollment processes, the committee explored whether the federal platform (HealthCare.gov and its call center) delivers an enrollment experience that is satisfactory for Oregonians and commensurate with the costs required for the state to use that system.

The committee discussed the following concerns about the service delivered to Oregonians compared to the fees paid by insurance companies to support HealthCare.gov:

- The fee is 3 percent of premium, meaning costs rise as premiums rise, even if the number of people served or number of transactions processed do not increase
- Fee costs are included, in whole or in part, in the premiums paid by consumers
- There is little information from the federal government regarding how the fees are used
- The fee is not tied to accountability mechanisms, such as performance metrics

The committee then took the mission statements found in the Marketplace's establishing legislation, ORS (2015) 741.001, and assessed whether the federal platform facilitates or impedes carrying out those missions. The Marketplace goals directed in statute include lowering or containing the cost of health insurance; increasing availability of insurance; promoting the interests of people and businesses obtaining coverage for themselves, their families, or their workers; giving Oregonians the tools they need to make insurance choices; improving health care quality; reducing health disparities; being accountable to the public; and encouraging the development of new benefit packages, care delivery systems, and payment mechanisms.

On some scores, HealthCare.gov operates well. On others, an alternate system may work better. Specifically, the committee noted that while relying on HealthCare.gov:

- It is difficult for the state to identify and mitigate coverage disparities because the Marketplace does not have access to individual-member level data
- There is no small-business health coverage portal
- The state cannot adjust or improve how plan details are displayed for consumers
- The federal call center sometimes gives incomplete or inaccurate information about Oregon plans and programs
- Enrolling in the Oregon Health Plan, or switching from OHP coverage to Marketplace coverage, can be complicated

At the same time, the committee recognized:

- HealthCare.gov is a stable platform
- The current system has good, though imperfect, informational tools for consumers
- Technology projects are a sensitive subject for Oregonians, especially related to health care

It was this and other discussions that led the Marketplace to issue the RFI in the spring of 2019. The dialogue is far from over: The RFI responses will generate a new round of conversation. That's because the request was not a solicitation, it is a tool for continuing the value analysis. With the committee's input, the Marketplace will be well positioned to assess the cost-effectiveness of the current system and consider the feasibility of an alternate platform.

CMS Open Enrollment Public Use Data

Enrollment Status (New Enrollees, Re-enrollees)

	2018	2019	Change #	Change %
Total plan selections	156,105	148,180	-7,925	-5%
New consumers	45,362	35,617	-9,745	-21%
Total re-enrollees	110,743	112,563	1,820	2%
Active re-enrollees	84,408	85,051	643	1%
Auto re-enrollees	26,335	27,512	1,177	4%
Active re-enrollees who switched plans	38,789	36,176	-2,613	-7%
Active re-enrollees on the same plan or crosswalked to a new plan	45,619	48,875	3,256	7%

APTC/CSR Data

	2018	2019	Change #	Change %
Average premium	$527	$560	$33	6%
Average premium after APTC	$214	$222	$8	4%
Consumers with APTC	115,889	110,202	-5687	-5%
Average APTC among consumers receiving APTC	$421	$455	$34	8%
Average premium after APTC for those receiving APTC	$138	$140	$2	1%
Consumers with CSR	55,231	50,640	-4,591	-8%
73% AV (201-250% FPL	13,994	12,457	-1,537	-11%
87% AV (151-200%FPL	26,385	24,084	-2,301	-9%
94% AV (up to 150% FPL	13,950	13,160	-790	-6%
Tribal	902	939	37	4%

Enrollment by Age

	2018	2019	Change #	Change %
<18	12,902	11,636	-1,266	-10%
18-25	11,447	10,378	-1,069	-9%
26-34	27,207	25,404	-1,803	-7%
35-44	23,356	25,739	2,383	10%
45-54	28,618	27,283	-1,335	-5%
55-64	48,325	46,444	-1,881	-4%
≥65	1,250	1,296	46	4%

Demographic breakdown

	2018	2019	Change#	Change %
Male	70,491	66,377	-4,114	-6%
Female	85,614	81,803	-3,811	-4%
AI/AN	790	805	15	2%
Asian	10,074	10,194	120	1%
Native Hawaiian / Pacific Islander	843	930	87	10%
African-American	1,202	1,189	-13	-1%
White	97,508	99,555	2,047	2%
Other	2,100	1,933	-167	-8%
Multiracial	4,160	4,366	206	5%
Unknown	39,428	29,208	-10,220	-26%
Hispanic/Latino	8,315	8,424	109	1%
Not Hispanic/Latino	115,332	118,579	3,247	3%

Enrollment by FPL and Metal Tier

	2018	2019	Change#	Change %
Not requesting financial assistance	22,247	21,714	-533	-2%
≥100% to ≤150% of FPL	14,808	13,902	-906	-6%
>150% to ≤200% of FPL	36,110	32,955	-3,155	-9%
>200% to ≤250% of FPL	27,997	25,883	-2,114	-8%
>250% to ≤300% of FPL	19,246	18,103	-1,143	-6%
>300%- ≤400% of FPL	26,916	27,090	174	1%
Other FPL	8,781	8,533	-248	-3%
Catastrophic	281	773	492	175%
Bronze	59,257	58,266	-991	-2%
Silver	82,131	73,821	-8310	-10%
Gold	14,436	15,320	884	6%

Effectuation Comparison 2018 & 2019

	January	February	March	April
2019	140,378	138,916	137,927	137,153
2018	140,160	138,488	136,111	133,393
Change	0.2%	0.3%	1.3%	2.8%

SBM Technology and Consumer Assistance Center RFI

- April 5, 2019: Released on ORPIN
- April 19, 2019: Deadline for vendors to submit questions
- May 3, 2019: Deadline for the Marketplace to post answers
- May 31, 2019: Submission deadline for RFI responses; RFI closes

Next steps after RFI closes

- Summary analysis of responses
- Presentation of results at the following MAC meeting
- Committee discussion and recommendations
- Other required artifacts for path forward:
  - Business case development
  - Business analysis: current state and post-switch estimates
    - Impacted business processes, organizational charts
    - Budget and cost analyses
    - Gap analyses

FYI: Stage Gate Requirements

- State CIO office (OSCIO) Stage Gate requirements emphasize planning thoroughness and detail. Some examples:
  - Business case, including justification, alternatives, and initial budget analyses (most immediate next step)
  - Project plan as it develops: from high-level through detailed, including transition and contingencies
  - Verifies of approval of other oversight entities: ESO, DAS Procurement Services, DOJ, others as applicable
  - Engagement of vendors for independent quality assurance
    - RFP
    - Overall project

2019 LEGISLATIVE SESSION OVERVIEW
(as of 04.17.19)

BILLS WITH KNOWN MARKETPLACE IMPACT

Bill Number	Summary	Status	Impact
HB 2269A	Requires employers with 50 or more employees who (1) work more than 8 hours a week; (2) have worked for the employer for more than 90 days; and (3) are not exempt employees according to rules set by DCBS to contribute an amount established by the Oregon Health Policy Board for employee health care or pay a contribution amount to DCBS for DCBS to spend on an employee's individual Marketplace premiums or out-of-pocket costs.	Referred to Revenue without recommendation, Revenue hearing scheduled for Monday, April 22 at 8:30 a.m.	If passed, Marketplace is tasked with launching and administering an employer participation program that supports on-exchange QHP enrollment, with additional subsidies for some
HB 5011	DCBS Budget Bill	Currently at Joint Ways and Means and awaiting passage.	Marketplace's budget

BILLS WITH POSSIBLE MARKETPLACE IMPACT

Bill Number	Summary	Status	Impact
SB 770A	Establishes Universal Health Care Commission to develop a universal health care plan that will cover all Oregonians from birth to death.	Referred to Joint Ways and Means with a "do-pass" recommendation.	If passed and plan is implemented, could result in the dissolution of the Marketplace. Current bill language directs a plan and recommendations to be formed, but does not call for implementation.

HB 2012A	Requires: (1) OHA to develop a plan for a Medicaid buy-in or public option targeting 6% of population without insurance and report to legislature by May 1, 2020; and (2) Plan developed, among other things, to: (a) provide at least same coverage as QHPs; (b) encourage the use of PTCs; (c) maximize use of federal funds; (d) use CCO delivery model; and (e) account for impact to risk distribution of commercial health insurance market.	Referred to Joint Ways and Means with a "do-pass" recommendation. Bill likely amended to require OHA to provide plan to make coverage more affordable for those up to 600% FPL.	Decrease in Marketplace enrollment, if the plan is later adopted and implemented by the state. Current bill language directs the plan to be developed and recommendations to be formed, but does not call for implementation,
HB 2706	Requires OHA to establish a COFA dental program and administer it in coordination with the Marketplace. .	Referred to Joint Ways and Means with a "do-pass" recommendation.	Increase in Marketplace staff time and resources for coordination tasks.

BILLS OF INTEREST

Bill Number	Summary	Status	Stakeholder Impact
SB 250A	Allows DCBS to impose a health insurance inequity fee on a health benefit plan and aligns the Insurance Code with the ACA.	At the Senate floor with a "do-pass" recommendation. Carried over to today, April 18, for a vote.	Provides additional stability for insurance companies and insurance consumers. After putting more consumer protections in state law with this bill, the state will be less vulnerable to market disruption if federal leaders roll back their regulations.
SB 735A	Adds three new members to Health Quality Metrics Committee (HQMC). Directs the HQMC to collaborate with PEBB, OEBB, and DCBS to adopt measures of health outcomes and health care quality. Expands scope of HQMC and requires the committee to identify measure or health outcomes and health care quality applicable to: (1) health care provided by CCOs; (2) inpatient and outpatient services provided	Referred to Joint Ways and Means with a "do-pass" recommendation.	Bill may prompt adoption of broader metrics for assessing health care quality. The data collected could help inform contracting and network decisions between providers and payers, or consumer choices.

	by hospitals; and (3) health care paid for by health benefit plans (not just QHPs). Requires each carrier offering a health benefit plan in Oregon to have a quality assessment program that enables the insurer to evaluate, maintain and improve the quality of health services provided to enrollees using, at a minimum, the health outcome and quality measures adopted by HQMC.		
SB 889	Establishes Health Care Cost Growth Benchmark program to control growth of health care expenditures. Creates Health Care Cost Growth Benchmark Implementation Committee to recommend to Oregon Health Policy Board specifications for program. Requires board to adopt final plan and implement.	Referred to Joint Ways and Means with a ”do-pass” recommendation.	The committee’s work could prove to be a key step toward bending the heath care costs curve.
HB 2266	Requires Oregon Health Policy Board to study changes in insurance coverage since passage of the ACA and report to the legislature in 2021.	Referred to Rules without recommendation.	The study’s conclusions may help inform future health policy choice for the state, potentially expanding health care access even further.