



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

Meeting Minutes
Wednesday, October 2, 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, Cindy Condon, Dan Field (Chair), Numi Griffith, Sandy Sampson, Cameron Smith (ex-officio), Jeremy Vandehey (ex-officio), and Jenn Welander

Committee members via phone: Shonna Butler, Sean McAnulty, Ken Provencher, Jim Houser

Members excused: Shanon Saldivar (Vice-chair)

Other presenters: Stephanie Kennan (by phone), Steven Kokes

Marketplace staff: Chiqui Flowers, Administrator; Elizabeth Cronen, Legislative and Communications Manager; Cable Hogue, Implementation Analyst and Federal Liaison; Victor Garcia, Operations Development Specialist; Misty Rayas, Operations and Education Manager; Nina Remple, COFA Program Manager; and Dawn Shaw, Division Support Coordinator

**Agenda item and
time stamp***

Discussion

**Welcome and
introductions,
committee
housekeeping**

The committee approved the meeting minutes from July 17, 2019 after adding clarification from Kraig Anderson and Cindy Condon.

0:0:00*

**COFA Premium
Assistance
Program**

Nina Remple provided an update on the COFA program.

0:04:47

- Nina has been involved with the COFA program since its inception and stepped into the managerial role in 2017.
 - Enrollment in 2017 was 443, 2018 was 672, and as of September 2019, there have been 705 approved enrollments.
 - January through June of 2019, there were \$181,994.87 in premiums paid and \$756,924.19 claims were paid. These totals are the state's contributions.
 - Dan Field asked where the growth is coming from. Nina attributed it to awareness and reenrollments. APANO and agent partners are doing great with follow-up work.
 - Expect that 2019 should be similar to 2018 for claims payments and that it can take up to 90 days to get the claims submitted.
 - Majority of the enrollments are in Marion/Polk counties.
 - Majority of the enrollees are from Federated States of Micronesia and the Republic of the Marshall Islands.
 - There is a fair amount of enrollees that are 50-64 years of age. 65 and older total to 113. These enrollees do not qualify for Medicare, or at the very least, premium free Part A. The oldest enrollee is currently 92.
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- This year, we created videos. Aside from English, these have been translated into four different languages (Chuukese, Marshallese, Palauan, and Pohnpeian) and are available on OregonHealthCare.gov/COFA. Topics are:
 - Who should apply for the program
 - How to apply to the COFA program
 - How to use your insurance
 - How to get reimbursed for out-of-pocket costs
- Dan discussed the importance of high quality culturally responsive care. Cindy Condon asked if there are better health outcomes due to the access to better care. Nina responded that based on the feedback coming from agents and grantees, the outcomes are better but there are no formal numbers recorded.
- Sandy Sampson had a question about the Union/Umatilla 8% enrollment and wanted to clarify if it was enrollments due to Eastern Oregon University. Nina indicated that that is correct.
- Discussion on making the program not as cumbersome and potential future improvements. That would be a longer discussion than available at this meeting. May need to involve policy changes that this committee would be able to assist with.
- Future agenda item should include COFA dental.
- The program enrollments can increase with more outreach and getting into some of the insular groups.

Marketplace outreach and education

0:35:33

Misty Rayas, the Outreach and Education Manager for the Marketplace and SHIBA reviewed the outreach plans for the upcoming Open Enrollment Period (OEP).

- January through August, we do statewide outreach which targets millennials, tribal, Latinx, Russian, and rural. We do have an Eastern Oregon outreach coordinator that has been helpful. Events like health fairs, fun runs, rodeos, festivals, wedding shows, and school events. We get more out of getting to these events vs. educational presentations.
- We work with the Employment Office and WorkSource Oregon to do Rapid Response and Trade Act sessions.
- We provide Marketplace 101s, which go over what coverages are available, and Building Blocks, which discusses what to do with the insurance.
- We have been facilitating the Community Partner Marketplace certification training.
- We also attend statewide collaboratives with OHA and monthly statewide service integration meetings.
- We are all over social marketing through Facebook, Instagram, etc.
- Dedicated tribal liaison focuses on supporting tribal events and doing outreach.
- We have done 238 pre-OEP events with 60 sponsorships.
- So far, we have 14 outreach events, 5 enrollment events, and 9 sponsorships scheduled during OEP. Does not include the efforts of our community partners and agents.
- We have a constituent issues liaison that assists with issues correcting HealthCare.gov and 1095 issues.
 - Some issues result in the expiration of SEPs (special enrollment periods).
 - Plans have erroneously flipped back to lower metal tiers when applications are updated.
 - Application for OHP/CHIP can cause delays in adding a child.
 - Wrong cancelation dates due to impending Medicare coverage.

- Generally, there is a lack of consistency and accuracy. We help facilitate the correction, but we do not have oversight authority.
- Marketplace Assister training is going into the second year. The training was available in Spanish for the first time this year. Oregon is the first state using HealthCare.gov to transition to doing its own training.
 - Basic training is 1½ hours long and it provides information on the Affordable Care Act (ACA), health insurance concepts, and financial assistance programs. It is geared for anyone who provides health coverage assistance.
 - Advanced training is four hours and illustrates specific duties of a Marketplace Assister, such as applications, plan comparisons, service equity, post enrollment follow-up, and fraud prevention.
 - To be certified they must pass a 35-question quiz.
- A total of 539 community partners have received training: 249 basic only, 377 both basic and advanced. 790 have registered and there have been 251 no shows (31%).
- 50 trainings have been provided by the Marketplace staff, in person and via webinar. As of 9/23/19, a total of 306 have passed the certification exams.
- Trainings help consumers get more assistance that is streamlined.

Federal health policy movement

1:01:20

Stephanie Kennan from McGuire Woods Consulting called in from Washington D.C. to present information about current legislation and cases that involve the ACA.

- Risk Corridor court case will be heard by the Supreme Court in December, decisions usually don't come out until spring.
- Exchange rule, notice of benefits and payment parameters is at OMB for review and clearance. They have 60 days to do so, but are hoping to do it faster this year. They were a month and a half ahead of last year's submission. Not expecting any changes in Silver loading or auto-enrollment, but may include guidance on drug copay coupons.
- One proposed rule that closed on September 27, involves health care cost transparency. Would have hospitals provide, in a consumer-friendly manner, their negotiated rates for "shoppable items". Hospitals are not happy and this rule is very controversial. CMS is going to push for it because it may drive costs down.
- There was an ACA report that came out yesterday, percentage of patients accessing Indian Health Services has increased by 14% between 2017 and 2018.
- On September 30, HHS released a bulletin allowing states to participate in a wellness demonstration project for the individual markets. Applications are being accepted. The states that approve could allow issuers to vary cost of coverage by 30%. There is concern that this could be a back door into health underwriting.
- Surprise billing – Energy and Commerce committee sent a bill to the House that so far hasn't been acted on. Contains two approaches: benchmarking and arbitration. The Senate tried to pass the Health Committee bill right before they left on August 25th by unanimous consent. Four Republican Senators objected. There is some investigation into three private equity funds for paying for ads that ran in Washington, D.C. The Ways and Means Committee is circulating a letter on another surprise billing bill that punts the decision to the agencies on when it is appropriate to use arbitration to HHS Labor and Treasury.
- Drug pricing – there are bills that have been proposed but everyone is wanting to add and tweak. Nancy Pelosi has HR3 bill which she wants passed by the

end of October. The bill is a negotiation bill with some tweaks for Medicare about rebates. The federal government would negotiate drugs and savings put back into Medicare for dental, vision, and low income help. It would be for the 250 most expensive drugs that do not have a generic version. The drug companies would have a penalty if they do not participate. Pelosi would also like to have drug companies do research into breakthrough science through NIH.

- Public charge rule, supposed to go into effect mid-October. Today there is a hearing in California with a group of Attorney Generals, which Oregon is a part of, asking for a nationwide injunction so it would not go into effect. APTC would not be effected, but full Medicaid will.
- Texas v. Azar is still in the lower courts.
- Movement to health insurance tax to get out of moratorium. There are timing issues, but likely to be done by the end of the year. Won't be attached to a spending bill. Impeachment proceedings are effecting the bills waiting to be passed.

2020 health insurance plans

1:25:15

Katie Button presented an update and overview of the new 2020 plans

- There are some carriers moving back into counties.
 - BridgeSpan – Benton, Clatsop, Deschutes, Lane, Lincoln, Linn, and Tillamook
 - Moda – Douglas
 - PacificSource – Benton, Crook, and Linn
- This year, two counties will have two more carriers, nine will have one more carrier, and all will have at least two carriers available to them.
- Ken Provencher noted a change needed to be made to the chart: Curry County is not covered by Providence.
- BridgeSpan, Moda, PacificSource, and Providence are offering new plans.
- Sixteen counties will have more plans than they had in 2019.
- All counties will have at least one HSA-eligible plan.
- Dan asked if the trend we are seeing with the increase plan availability. Katie indicated most have stabilized and Oregon has more carriers and plans than other states. CMS had a call with us to see what kind of carrier engagement we are doing. We are lucky that we have several large insurers that either are domiciled here or have home offices.
- The 2020 Standard Bronze Plan, which all carriers are required to offer in every county they serve, now includes benefits that can be accessed prior to paying the deductible. They used to have copays for office visits. In 2018, many carriers stopped offering HSA plans in certain parts of the state. To combat, that they made the 2018 version HSA-eligible bronze plan. The legislature then passed a bill and DFR decided in 2019 that it was important to expand the plans to cover services that are supposed to be at no cost sharing. It makes it no longer an HSA-eligible plan, but is similar.

Window shopping tool

1:38:12

Katie Button discussed and demonstrated the rollout of the window shopping tool.

- We have procured a window shopping tool to provide better information to consumers.
- There were limitations to HealthCare.gov's plan display: no control over which benefits are displayed; no ability to edit definitions, descriptions, etc.; incorrect plan data not updated quickly; and incomplete information displayed.

- In 2017-2018, we looked at what other states were doing and found that New Mexico was using Consumers' Checkbook for a standalone display with great success. In April, the RFP was released. It closed in May with one vendor, Consumers' Checkbook, submitting a proposal. A few other companies were interested. On July 30, the contract with Consumers' Checkbook was signed.
- Consumers' Checkbook has a standardized template that other states use and works with the spreadsheets the carriers provide. We did make a few simple configurations and there is the ability to add functionality in the future as needed.
- Benefits to Oregonians:
 - Assistors can provide APTC estimates.
 - Links are static and can be shared with others and maintain the eligibility parameters.
 - Members of federally recognized tribes can see the plan variants they may be eligible for.
 - Can be saved as a PDF to use during enrollment.
- Outreach and Education rollout
 - 10/7-10/11 – webinars for agents and community partners available.
 - 10/15 – set to go live, rearrange OregonHealthCare.gov homepage to display the link. Email current Marketplace enrollees to let them know the tool is available.
 - Late October – include in the Marketplace OEP press release.
 - 10/23 and 10/28 – pop-up events will show the consumers the tool with agents and community partners.
 - October and November – include in social media.
- There are some instructional videos on the window shopping tool.
- Data is not transferred to HealthCare.gov, there may be some confusion, there is messaging throughout indicating it is a shopping tool, not an enrollment portal.
- Listen to the recording 1:46:53 through 2:07:10 for the demo and related conversation.

Cameron Smith's response to MAC full SBM letter

2:08:01

Cameron Smith went over his response to the letter that the MAC sent to him recommending we go forward with a fully state-based marketplace (SBM).

- Thankful for the continued engagement of the committee.
 - Received the memo a week or so ago and had hoped to have had the response by this meeting. There was a lot of really great information surrounding the limitations of HealthCare.gov. Highlighting the potential of having a state-based system.
 - February 2020 we will be going into a short legislative session. Generally, it is geared toward course corrections for budget and policy side. Can do larger stuff if there is enough momentum.
 - Anything new, like this, would be a Policy Option Package for new work. It takes a lot of time for this process.
 - The focus shouldn't be focused on the IT solution, but the health policy side.
 - Dan wants to make sure that we are addressing any interim steps that need to be taken care of. Would think that our committee can be invaluable in assisting in getting a state-based marketplace technology.
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Oregon Health Insurance survey and SB 889

2:27:20

Jeremy Vandehey presented an update of SB 889.

- Early results of the 2019 Oregon Health Insurance Survey. The survey is done every two years with 8,000 random people. Most states use the American Census data. Maintained the 94% rate of Oregonians were insurance in 2019. They will be looking to see if the 6% were covered at least part of the year.
- Coverage remained steady in all categories: group, Medicare, and individual. There is a slight increase in employer covered, and a decrease in the individual market.
- It is still a challenge to get young adults coverage.
- Future deep dive analysis includes topics like being under insured and if people have access to care. There will be a deep dive on under insured by demographics.
- SB 889 to rein in health care costs.
- Family premiums have grown three times more than their wages.
- The median household income has increased 15%, while the average family premium increased 25% and the family deductible by 77%. In 2016, premiums equated to 29% of a family's total income.
- Oregonians' deductibles are the 3rd highest in the nation.
- CMS has done projections and they expect that healthcare costs will grow by 4.7% per person per year in the next eight years that will be 19.4% of the GDP by 2027. 50% of the projected spending growth is due to a rise in prices.
- Commercial prices for care vary significantly. A normal deliver can range from \$5,700 to \$12,000 with the median being around \$8,000.
- Proposed solution is setting a budget for health care by setting a cost growth target for the annual rate of growth of the total health care spending. The target will align with state economic growth. Oregon will be the fourth state to set a statewide health care cost growth target.
- State programs (OHP, PEBB, and OEBC) are already subject to a cost growth target.
- Massachusetts is an example that it will work. They implemented the plan in 2013. They had the fastest growing commercial health insurance premiums in the country before implementation. The year after they fell way below the national average.
- Success will be driven by a common goal between payers and providers, sustainable target, transparency, and total cost of care approach.
- Oregon could save \$29 billion between 2018 and 2027 if the 3.4% target was applied statewide.
- Next steps are to create a framework, establish and Implementation Committee, and set up an implementation plan.
- The Implementation Committee is appointed by the governor and will begin meeting monthly November 7, 2019. Shannon is the Marketplace Advisory Committee member that will be filling that position.

Open Enrollment marketing

2:50:23

Elizabeth Cronen and Steven Kokes from Coates Kokes, our advertising firm, explained the marketing plans for Open Enrollment

- Coates Kokes has helped with a campaign outside of Open Enrollment, and is now working on the most recent Open Enrollment campaign.
- Even though we use HealthCare.gov, we realized that we need to do a lot of our own advertising because very little is done on the federal level.

- Our approach is research based and data informed. Balanced between new and reused elements. It will be multicultural and statewide.
- Federal marketing has two tactics: digital (search, social media, video, and website ads) to reach uninsured and direct (email, text, and auto dial) to reach the already insured.
- Federal messages are:
 - “Now Open” – now is the time to shop and compare plans using HealthCare.gov.
 - “Coverage” – get covered, enroll now.
 - “Deadline” – final deadline is December 15, time is running out.
- We will be using data to allocate our limited resources. Key counties of people who are subsidy eligible but not insured are Multnomah, Washington, Marion, Lane, Deschutes, Jackson, Linn, and Benton.
- Trying to determine if they do not have enough money, support, or is there not the right message and motivation.
- If someone is single and between 200 and 250 of FPL that is about \$24,000/\$25,000 a year, the premium for a mid range plan is about \$125 with subsidy. The feedback from people below this income is that they can’t afford the insurance and they wished they were still on OHP. We will be focusing on this audience and men between 19 and 34.
- There were seven focus groups, two of them in Spanish, in six cities with a total of 63 participants. The themes that emerged was concern about deductibles and access to care, frustration about the complexity, and the cost barrier.
- New creative messaging has three parts: the basics – qualifying incomes, net premium, and benefits before deductible; entrepreneur – appealing to self-employed people; and testimonials.
- We will have a huge digital foot print through ads on streaming and social media videos, streaming audio, terrestrial radio, community newspaper, and outdoors in high eligibility areas.

Proposed by-law changes

3:22:59

Chiqui Flowers proposed changes to the committee by-laws.

- Proposed changing the term limits set in Article 3 from no more than two consecutive terms to three.
- Proposed adding a section outlining the history of the amendments.
- The committee approved the changes to the by-laws.
- Will include the final version with a list of the committee members and term dates.

Closing

Next meeting will be November 21, 2019.

*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, October 2.

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



Marketplace Advisory Committee Roster, Affiliation, and City of Residence

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2020 Open Enrollment Updates



Plan Selection Data through Week 3




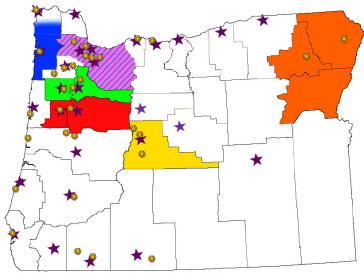
- 2019 OE baseline: **148,180**
- Overall plan selections: **27,571**
Down 17% from the same time last year, with 1 day less in the weekly count.
- Auto re-enrollments: Up 3% from last year's Week 3
- Total plan selections forecast, with no new enrollees: 85% of 2019 OE baseline

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Recap: Partner Agents



32 partner agents awarded for PY2020 Partner agents are represented below, by the following icon: 



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Partner Agents



- Enrollments through HealthCare.gov have been fairly smooth, with the exception of the latency issues the morning of day 1 of OE
- The Marketplace is now requesting documentation for almost all non-citizen applicants (per partners, this was required far less often in previous OEs)
- Web broker usage is up amongst partners, and going well, with the exception of some intermittent issues with Health Sherpa

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Recap: CP Grantees



OHIM has contracts **with eight organizations** to provide outreach and enrollment assistance to consumers in Oregon from August 2019 through July 2020.

- **Benton County Health Services** (Corvallis) - new grantee
- **Cascade AIDS Project** (Portland) - returning grantee
- **Interface Network** (Salem) – returning grantee
- **Immigrant & Refugee Community Organization** (Portland) – new grantee
- **Latino Community Organization** (Bend) – new grantee
- **Northeast Oregon Network** (LaGrande) - returning grantee
- **Project Access NOW** (Portland) - returning grantee
- **The Rinehart Clinic** (Wheeler) - returning grantee

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CP Grantees



- Grantees report on the 15th of each month on activities for the previous month. Reflect outreach and enrollment activities will not be available until 12/15.
- October 2019, Rob Smith held first quarter check-in meetings with grantees, and each reported they were making progress toward OE goals, including hiring staff, training all assisters, holding enrollment fairs, organizing health insurance education sessions, and scheduling enrollment assistance appointments with consumers.

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Recap: Marketplace Training Tiers



- **Basic Marketplace training:** a one and a half hour training providing information on the ACA, health insurance concepts, and the financial assistance programs available on the Marketplace. Intended for any person who provides health coverage assistance (OHP or QHP).
- **Advanced Marketplace training:** A roughly four hour presentation which illustrates the specific duties of a Marketplace Assister, including: applications, comparing plans, service equity, post-enrollment follow-up, preventing fraud, appeals, and security/privacy, among other topics.

Recap: Marketplace Training



- **Completion of both Basic and Advanced courses are required** to assist consumers with HealthCare.gov enrollment.
- **Advanced also requires** attendees to complete a **35 question post-training quiz** for certification.

Marketplace Training



Since July 2019:

1019 community partner assisters have received at least Basic training throughout the state.

76 trainings have been provided by the Marketplace team in-person at locations throughout the state as well as via webinar as of this writing.

- As of 11/18/19, **474** people have passed their certification exam and are available to assist Oregon consumers with Marketplace applications.

Recap: Marketing Tactics



- Video ads on TV, streaming video, and social media video
- Audio ads on
 - Spanish, Russian, English stations
 - Streaming services
- Digital ads on websites and search engines
- Print ads in community newspapers in Spanish, Russian, and English
- Outdoor advertising in English

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Marketing



- Video, audio, and graphical ads are running
- “The Basics”
- “Testimonials”
- “People Like Me”

A note from Valerie S:

“I appreciate the ad you’re running on Hulu. It’s just a guy on a plain background sharing information, but it’s super engaging. The script is simple without being condescending. The examples are easy to follow. The actor has exactly the right tone and is so charismatic I want to keep listening to him.”

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Marketing



Performance spotlight: search ads

- **Impressions and clicks are up significantly** over last year
- Search engine ads are the **top driver to OregonHealthCare.gov**, after “direct” visits (typing in the URL, or untrackable)
- Among search ads, people age **25 to 34 are the top clickers**, and are **clicking ads 86 percent more**, compared to last year

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Marketing



Metrics over the first 10 days of OE:

- Traffic to OregonHealthCare.gov is **up slightly**
- Traffic known to be male web users is **up slightly**
- Traffic known to be age 25-34 is **down so far**

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Earned Media



- Solid local-media coverage of launch
- OPB radio, KATU, Oregonian, Portland Tribune, My Oregon News



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Marketplace Window Shopping Site



- Window Shopping was released on October 18, 2019
- From October 18, 2019 to November 14, 2019, the total number of users was 17,006
- Consumers spend an average of seven minutes on the site
- About 20% of users come back and use the site again
- The majority of users are in the Portland area, followed by Eugene, and Bend

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Marketplace Window Shopping Site, Cont.



- Most users come to the site through the Marketplace's homepage: oregonhealthcare.gov
- About 4,000 users used oregonhealthcare.gov/windowshop, sent out via e-mail blast
 - Smaller numbers have used the tool after seeing it published online in local news articles

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Marketplace Window Shopping Site, Cont.



- The majority of users enter their household information and see which subsidies they may qualify for
- Many of those users then continue on to view and compare plans, and access plan documents, like the Summary of Benefits and Coverage (SBC)

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COFA Premium Assistance Program 2020 Open Enrollment



462 COFA citizens applying for premium assistance

By country

- Federated States of Micronesia – 263
- Republic of the Marshall Islands – 173
- Republic of Palau – 26

Data as of 11/12/19

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COFA Premium Assistance Program Open Enrollment Activity



2017 Open enrollment period Nov. 1, 2016 – Jan. 31, 2017

Beginning with 2018 coverage year, open enrollment period changed to Nov. 1 – Dec. 15.

Year	Applicants	Enrolled	Renewals	
2017	458	250	2017 – 2018	202
2018	555	475	2018 – 2019	331
2019	621	564	2017 – 2019	129

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COFA Premium Assistance Program Enrollment events



Of the six enrollment events that have occurred throughout the state:

- La Grande (2 days) 21 attendees, 15 applications
- Salem 7 attendees, 3 applications
- Portland 29 attendees, 18 applications
- Tigard 8 attendees, 4 applications

Remaining events

- Portland Nov. 16 Rosewood Initiative
- Salem Nov. 23 Salem Hospital

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