

Oregon Medical Insurance Pool  
Board Meeting Minutes  
October 30, 2013  
Legacy Meridian Park Medical Center  
19300 SW 65<sup>th</sup> Ave.  
Tualatin, OR 97062

**Board Members Present**

Robin Richardson, Reinsurer Representative  
Sue Sumpter, General Public Representative  
Ken Provencher, Health Care Services Contractor Representative  
Patrick Allen, Department of Consumer and Business Services  
Don Antonucci, Regence  
Dave Houck, Public Representative Emeritus  
William Ely, HMO Representative  
Chris Ellertson, Non-designated Representative  
Kelly Ballas, Oregon Health Authority  
Suzan Turley, Public Representative

**Board Members Absent**

Rocky King, Public Representative Emeritus  
Robert Gluckman, M.D., Non-designated Representative

**OMIP Staff Present**

Don Myron, Administrator  
Napua Catriz, Program & Operations Specialist  
Matt Smith, Budget Analyst OPHP  
Cindy Lacey, Operations & Policy Analyst

**Others Present**

Steve Villanueva, Regence  
Jaeme Klever, Familias en Accion  
Olga Gerberg, Familias en Accion  
Carolyn Espinoza, Regence  
Marlena Hausmann, Impact NW  
Heather Sage, Impact NW  
Sarah Goldhammer, Impact NW  
Mark Jungvirt, OPHP Communications  
Paul Cameron, Regence  
Kevin McCartin, Consultant  
Judith Anderson, DOJ

Craig Urbani, OPHP  
Gus Frederick, OPHP  
Craig Kuhn, OPHP  
Janet Hamilton, Project Access NOW  
Linda Nilsen-Solares, Project Access NOW  
Adam Merecias, Familias en Accion

### **Introductions**

Mr. Richardson welcomed everyone to the OMIP Board meeting and extended a special welcome back to Mr. Houck. He also thanked the OMIP staff for their hard work and dedication.

### **Approval of Minutes**

Ms. Sumpter motioned to approve the July 17, 2013 Board meeting minutes. Mr. Antonucci seconded the motion and all approved.

### **Administrators Report**

Mr. Myron explained that there was a Cover Oregon article that could potentially generate increased call volume. Oregon Health Authority (OHA), Office of Private Health Partnership (OPHP), and Cover Oregon are committed to ensuring that OMIP members obtain coverage on January 1, 2014. Additional information will be sent to Board and stakeholders soon.

Ms. Sumpter inquired about undocumented OMIP members. She had heard that some insurance producers are not aware of the ability to obtain coverage outside of Cover Oregon in the general marketplace or so they are being told by insurance Carriers. She also asked if there would be an extension of the December 15<sup>th</sup> deadline to submit an application to Cover Oregon. Mr. Richardson thanked Ms. Sumpter for her questions and asked that we return to this subject.

Mr. Provencher asked if there had been any discussions to extend OMIP if need be. Mr. Myron replied that instead, OMIP staff is dedicated to ensuring all OMIP members are prioritized in processing. Mr. Provencher highly recommended that there be an extension of the OMIP program. Mr. Richardson expressed his concern about the availability of subsidies if there is an extension of OMIP. Mr. Myron committed to prioritizing this subject in discussions. Mr. Antonucci suggested that Board members officially recommend a contingency plan. Dr. Gluckman added that extending OMIP would require a special session given that OMIP is to be abolished December 31, 2013. Discussion continued regarding the Board's fiduciary responsibility to make this recommendation. Mr. Provencher motioned that we recommend putting together an emergency plan and/or contingency plan to extend OMIP. Mr. Allen seconded the

motion. Ms. Anderson explained that this decision will require a special session, as stated by Dr. Gluckman. Mr. Allen explained that with a contingency plan there could be additional options made available, this will be determined in developing the contingency plan.

Mr. Myron returned to the concerns that Ms. Sumpter raised regarding the undocumented population. In serving the OMIP dialysis patients Familias en Accion (familias) has determined that a majority of these members are undocumented. The transition plan for this population is to have navigators engage with agents that have a broad appointment with carriers to ensure coverage. The potential hurdles identified would be requiring SSN. In researching this with insurance agencies, Mr. Allen learned that SSN is not the issue. The resolution is to coach producers and navigators. Unless further barriers are identified that should be elevated, OMIP will proceed as planned. Ms. Gerberg explained that they are experiencing difficulty in assisting this population with obtaining coverage. Mr. Merceias explained this is based on information obtained by insurance agents they are contacting. Ms. Gerberg agreed to provide Mr. Allen a list of agencies that Familias has been in contact with.

Mr. Allen explained that an additional issue identified is the two year wait period around transplantation. He explained that this is derived from old state statute and may not be the last that we find. There is now discussion of the legality of this now with ACA. He explained that they have invited comment on this discussion and will work on rulemaking if necessary. Ms. Sumpter commented the deadline for comment is December 2<sup>nd</sup> for January 1<sup>st</sup> and she anticipates a lot of comments. Mr. Allen concedes and adds that he anticipates legal issues around this subject that will be attended to as they come. Ms. Sumpter added that it is discriminatory.

#### **OMIP staffing, 2014**

Mr. Myron let the Board know that there will be additional Board meetings this year, that this meeting begins the shift of Board focus. Enrollee transition will be ongoing to the end of this year. Craig Urbani is responsible for the implementation of the reinsurance program. In addition to Mr. Urbani, Mr. Myron explained that he envisions Cindy Lacey and Matt Smith will continue the duties for run out, CMS reporting, and continuation of reporting functions. Mr. Richardson inquired about the Board expansion which Mr. Myron had responded. It was expected that two additional members would be named in November that we are in the process of identifying these individuals.

#### **OMIP Reserve**

Our abilities are limited due to statute. Staff's recommendation is to provide carriers an option to either receive a refund or provide a credit. This is easy enough to do but in reaching out to carriers, we had learned that there are different preferences. Mr. Richardson asked for direction from Ms. Anderson, who recommended that the Board

take action. Following Board discussion, it was determined that the Board would provide carriers the option to either receive a refund or a credit.

### **Assessment and CRP**

Mr. Myron provided a recap and introduced Mr. Smith and Mr. McCartin who provided the assessment information. Mr. McCartin provided the Board with assessment background. He explained that the OMIP and CRP experience is lower than originally anticipated. Staff Recommends that the Board approve the assessment of health insurers, as authorized under ORS 735.614, and government entities, as defined in ORS 731.036(6) and authorized in ORS 731.036(6)(g) for the amount of **\$5,197,360** or **\$1.23** per covered life, per month, for three months, based on a covered lives count of **1,407,039**.

While the CRP assessment does not require separate board approval, and has generally been presented as an informational item with no associated memo following the OMIP assessment discussion, the addition of the CRP assessment analysis and recommendation to the July assessment memo is repeated here to help inform the board decision regarding the OMIP assessment.

In summary, the CRP assessment is **\$7,333,071** or **\$1.74** per covered life, per month, for three months, based on the same covered live count used in the OMIP assessment of **1,407,039**.

When combined with the OMIP assessment, the total recommended assessment is **\$12,530,432** or **\$2.97** per covered life, per month, for three months.

Please note that since these are the last assessments for the OMIP and CRP programs before closure, three assessment options and associated assumptions are presented at the end of this memo, and the amounts above reflect recommended Option A.

Following thorough discussion of Board members, Dr. Gluckman moved to vote that Board members accept option A. Ms. Sumpter seconded the motion.

### **OMIP Enrollee Transition/Communication**

Mr. Kuhn and Mr. Jungvirt provided information regarding OMIP enrollee transition and communication. There are 431 OMIP/FHIAP members at or below 138% FPL. This identified population had been mailed a family selection form and CCO consent form to reply with their consent. Mr. Provencher inquires if the CCO's will know that members are coming from our population, which Mr. Kuhn explained they will not. Ms. Lacey had identified 27 high claims utilizers in this population. Ms. Sumpter had inquired about what would happen to those that do not respond. Mr. Kuhn explained that historically this is a small amount of people.

There are 480 lives that are SNAP recipients; this population is being encouraged to follow through with their SNAP letters received.

There are 4 OMIP/FHIAP, CHIP eligible children above 138% FPL that have received a child selection form and CCO Consent form. There are 3 adults in this population that will be directed to Cover Oregon.

The remaining 166 OMIP/FHIAP members are above 138% without children and 8928 OMIP general members (Medical, Portability, HCTC) are being directed to Cover Oregon. There are 877 OMIP/CAREAssist members that are encouraged to go with the suggestion of CAREAssist.

Mr. Jungvirt explained that our member communications began in January and will continue through years end. OPHP communications team is working with internal staff to train individuals. There have been billing inserts, notifications, letters, newsletters, web updates, robo-calls, and communication directly from Cover Oregon to notify our members. Notifications have gone out to the agent community as well.

### **Navigator Programs Presentation**

Ms. Nilsen-Solares thanked everyone for their involvement and introduced Ms. Espinoza to begin the presentation. She explained the program objective to positively impact the challenges faced by OMIP members accessing healthcare at the right time, in the right place and at the right cost. Ms. Goldhammer presented barriers identified and the navigation outcome on a 40 year old female with PTSD and post Thrombosis symptoms. She also provided the amount of time spent in helping this person. Ms. Sage presented on a female in her late 30's with HIV, fatigue, depression, PTSD, alcohol and drug addiction. The barriers identified the outcome from navigation, and the pathways for her. Project Access NOW shared a video of a client who wanted to share their story with Board members.

Ms. Klever provided a data summary on the amount of change pre to post enrollment. Each area showed more than 50% reduction. Preventative and pharmacy went up, which is what we want to see happen. Ms. Gerberg presented on two different dialysis members and the benefit that navigation has had followed by a video of a client who wanted to share their story with Board members.

Ms. Nilsen-Solares provided some ways that the navigator programs could be of assistance during the transition from OMIP to Cover Oregon then asked Board members to provide them with feedback. Specifically if there would be interest in continuing navigation services. Ms. Sumpter responded first by saying that she is not a carrier but would say yes. She continued to say that this is extending the quality of life and lowering the overall cost. Discussion continued with Board members discussing various ways that navigators can stand out and how they will help spread the word about the benefits of navigators.

## **Oregon Reinsurance Program Update**

Mr. Urbani provided an update on the Oregon reinsurance program. There are four populations to be covered OMIP, FHIAP, Portability, and HCTC. As of December 31<sup>st</sup>, FMIP lives will also be eligible for reinsurance. There will be members that go outside of Cover Oregon, into OHP or into the private marketplace. Tagging these lives has presented difficulties since we had learned that SSN's are not a mechanism that can be used. This could evolve into significant manual work; we have been working closely with carriers and appreciate what has been received already. The process currently utilized by Ms. Lacey to provide a count of insured, can be simplified. Therefore, the assumptions made while the bill was being crafted can become a conflict; extending OMIP exacerbates that issue. We want to avoid penalty and procrastination that would cause any person to become ineligible for reinsurance. Board members asked questions and discussed possible implications and concerns, all of which Mr. Urbani had already anticipated and provided insight on. He identified additional problem areas such as tracking those that move from carrier to carrier or group or in and out of Medicaid and such. He also explained that in addition to working with insurance carriers he has also been working with the insurance division. The rules have been drafted but not yet finalized as we work through identified issues and possible solutions. He concluded with assuring the Board that they will work through to resolve any identified issues.

## **Public Testimony**

No public testimony

Meeting adjourned at 3:43 p.m.