

**Cycle III, Year 2, Quarter 1 Report
Cycle IV, Year 1, Quarter 1 Report**

Report Date	January 30, 2014
--------------------	------------------

Organization Information	
State	Oregon
Project Title	Grant #1PRPPR140056-01-00 Grants to States to Support Health Insurance Rate Review and Increase Transparency in Health Care Pricing, Cycle III Grant #1 PRPPR140076-01-00 Grants to States to Support Health Insurance Rate Review and Increase Transparency in the Pricing of Medical Services, Cycle IV
Grant Project Director (Name and Title)	TK Keen, Acting Deputy Administrator, Oregon Insurance Division
Phone/Email	503-947-7226
Grant Authorizing Representative	Laura Cali, Insurance Commissioner, Oregon Insurance Division
Phone/Email	503-947-7202

Cycle III Grant Information	
Date Grant Awarded	9/23/2013
Amount Granted	\$3,594,809
Project Year	10/01/2014-09/30/2015
Phase (Phase I or Phase II)	Phase III
Project Reporting Period	10/01/2014-12/31/2014

Cycle IV Grant Information	
Date Grant Awarded	9/19/2014
Amount Granted	\$1,179,000
Project Year	09/19/2014-09/30/2015
Phase (Phase I or Phase II)	Phase IV
Project Reporting Period	10/1/2014-12/31/2014

Introduction

The Cycle I (CI) and Cycle II (CII) grants supported Oregon's efforts to implement major state health rate reform and enhance the quality and transparency of the rate review process in concert with the federal Affordable Care Act (ACA). State reforms, effective in April 2010, significantly strengthened the rate review statute and established an enhanced rate review process.¹

The Cycle III (CIII) grant supports Oregon's efforts to continue and expand its rate review activities while also allowing Oregon to increase transparency in health care pricing data. Major CIII activities and goals include:

- Department of Consumer & Business Services (DCBS) collaboration with the Oregon Health Care Quality Corporation (Q Corp), a Centers for Medicare & Medicaid Services (CMS)-qualified data center, to provide services such as collecting and analyzing health care pricing and performance data.
- Continued contracting with a consumer advocacy organization to improve consumer participation in the rate review process.
- Coordinating activities with Q Corp and the Oregon Health Authority (OHA) Health Analytics Unit's all payer all claims database (APAC) with the goal of efficiently collecting and publishing health care pricing data.
- Continuing to improve our rate review process.

The Cycle IV (CIV) grant supports Oregon's continued work on CI, CII, and CIII enhancements and initiatives to adopt several of CMS' rate review best practices. Major CIV activities and goals include:

- i. Working with contract examiners to use our market conduct authority to confirm rates are implemented as filed.
- ii. Continuing to contract with a consumer advocacy organization to improve consumer participation in the rate review process.
- iii. Continuing to contract with the Oregon Health Care Quality Corporation to provide services related to collecting health care pricing and quality performance data.

In this combined report, the progress toward CIII and CIV goal highlights are noted separately in the *Program Implementation Status* table, as are expenditures for CIII and CIV in the updated budget. However, the narrative describes CIII ongoing activities and CIV new activities.

¹ Oregon's 2009 health insurance rate review reforms: added a public comment period; required more detail about insurer administrative expenses; allowed DCBS to consider insurance company's cost containment and quality improvements; gave DCBS the ability to consider an insurer's overall profitability, investment earnings and surplus in determining whether to approve a rate request. For more discussion, see Cycle I, Quarter 2 (CI, Q2) report to Health and Human Services.

Program Implementation Status
As of January 1, 2015

Objectives	Milestones & Progress	Challenges, Responses & Variations
<p>1. <u>Increase Rate Scrutiny CIII</u> Contract with Consumer Advocacy Organization (CAO) to represent consumers in rate review process, participate in hearings, develop long-term strategy to boost consumer input.</p>	<p>Oregon State Public Interest Research Group (OSPIRG) did not provide comments or analysis for the one filing we received in Q1. DCBS amended its contract with OSPIRG in Y1, Q2 to continue its work into Cycle III as well as provide input on how to provide health care pricing data in a meaningful way to consumers.</p> <p>25% completed.</p>	
<p>Expand rate filing scrutiny with two additional actuaries.</p>	<p>Both grant funded actuaries continued to conduct ongoing rate review activities.</p> <p>25% completed.</p>	
<p>Increase accuracy of filing data with one market analyst.</p>	<p>The rate review analyst, Scott Martin, provided initial review and analysis for our single filing in Q1.</p> <p>25% completed.</p>	
<p>Improve rate filing intake with one intake coordinator.</p>	<p>Intake coordinator continued to review each filing, identify problem areas, maintain state filing history, and provide technical support to filers.</p> <p>25% completed.</p>	
<p>Improve communications and grant coordination with one project coordinator.</p>	<p>Project coordinator continued to coordinate grant implementation activities, HHS reports, and other communications.</p> <p>25% completed.</p>	

<p>Establish regular public hearings to allow public to participate and learn about rate review and cost drivers.</p>	<p>One public hearing was held on our lone filing in Q1.</p> <p>100% completed.</p>	<p>Staff worked diligently to hold, record, live stream, and post the hearing on our website in a timely manner.</p>
<p>Automatically publish correspondence between DCBS and insurer actuaries to increase transparency and consumers' understanding – promoting more meaningful participation and comments.</p> <p>Hire a health reform/exchange coordinator to coordinate DCBS work with the Exchange and stakeholders.</p>	<p>The intake coordinator scheduled hearings and posted to our website, which prominently displays upcoming hearings. The intake coordinator also manually posted all correspondence on our website daily. This continues to be done manually.</p> <p>25% completed.</p> <p>The exchange coordinator continued serving as DCBS contact for the Exchange as well as providing support for health reform implementation.</p> <p>25% completed.</p>	<p>The transition from a State-Based Marketplace (SBM) to a Supported State-Based Marketplace (SSBM) is the largest challenge Oregon faced during Q1 and work continues on implementation.</p>
<p>2. <u>Equipment & IT advances</u></p> <p><u>CIII</u> Utilize web video delivery technology.</p>	<p>Our sole hearing in Q1 was available via live web streaming.</p> <p>100% completed.</p>	<p>Our hearing had no in person, consumer attendees, but 2 total “unique” views via the web.</p>
<p>General IT enhancements.</p>	<p>We continue to monitor our rate review program to determine if there are opportunities for further automation.</p> <p>100% completed.</p>	
<p>3. <u>Grant Evaluation</u></p> <p><u>CIII</u> Perform a self-evaluation of the activities and impact of Oregon's grant funded work in CIII.</p>	<p>DCBS is in the process of defining methods of measurement to evaluate activities from CIII.</p> <p>20% completed.</p>	<p>Because progress on some of the grant activities has been delayed and grant staff has been fully immersed in rate review, we intend to provide a detailed evaluation plan in Y2, Q2.</p>

<p>CIV Perform a self-evaluation of the activities and impact of Oregon’s grant funded work in CIV.</p>	<p>DCBS is in the process of defining methods of measurement to evaluate activities from CIV.</p> <p>20% completed.</p>	
<p>4. <u>Increase Transparency in Health Care Pricing</u></p> <p><u>CIII</u> Enhance existing Data Center and All Payer Claims Database (APAC).</p> <p><u>CIV</u> Enhance existing Data Center.</p>	<p>Both the contract with Q Corp and the interagency agreement with OHA were signed in late Q2 of Y1.</p> <p>The APAC Technical Advisory Group (TAG) continued meeting monthly in Q1.</p> <p>50% completed.</p> <p>In Q1, DCBS began work with Q Corp regarding a specific scope of work for CIV.</p> <p>30% completed.</p>	<p>Because both agreements took longer than expected to execute, as well as staffing issues at OHA, the APAC TAG is behind schedule. DCBS is working closely with OHA in order to review the IGA and amend certain deliverable dates. We expect the updated IGA to be completed in early Q2</p> <p>DCBS and Q Corp are working closely to define activities that will fall under the CIV grant work.</p>
<p><u>CIII</u></p> <p>Improve Health Pricing Transparency.</p>	<p>Meetings of the APAC TAG group began in Q4 and continued in Y2, Q1.</p> <p>50% completed.</p>	<p>DCBS, OHA, and Q Corp staff continued meeting in Q1 to coordinate timelines for Q Corp and OHA activities and deliverables around pricing transparency.</p>
<p>Enhance Accessibility of Health Pricing Data.</p>	<p>Q Corp provided a report of recommendations for enhancements to the rate review website in Q4.</p> <p>50% completed.</p>	<p>DCBS is reviewing the report to determine which recommendations are most useful and feasible to implement.</p>
<p>Integrate Quality and Price Information.</p>	<p>DCBS, OHA, and Q Corp continued to meet in Q1 to discuss products and services to be developed to expand access to and reporting of price and cost information available through APAC.</p> <p>50% completed.</p>	<p>It took longer than expected for Q Corp to get access to APAC data. In Q1, Q Corp and DCBS finalized the products and services for CIII.</p>

<p>Employ a Quality Improvement/Cost Containment Liaison to work with Q-Corp and the Oregon Health Authority.</p>	<p>We filled this position with D'Anne Gilmore, during Q 4. However, D'Anne accepted a position elsewhere and we are determining whether to refill this position.</p> <p>62.5% completed.</p>	
<p>5. Expand and Enhance Rate Review Using CMS Best Practices</p> <p>Use Market Conduct Authority to Confirm Rates Are Implemented as Filed.</p>	<p>DCBS is working with the Department of Administrative Services (DAS) and the Department of Justice (DOJ) to release a competitive request for proposal. This document is currently under DOJ review.</p> <p>25% completed.</p>	<p>Once the review is complete, DCBS will post the RFP and begin evaluating proposals before selecting an organization to contract with.</p>
<p>Ensure Information in Rate Filing Submissions is Consistent With Audited Financial Data.</p>	<p>Preliminary training of DCBS staff has been completed.</p> <p>20% completed.</p>	<p>When rate filings are received, we will compare the information in the filing with filed financial statements, as appropriate. Where there are material discrepancies, the carrier will be asked to explain/provide reconciliation.</p>

Significant Activities: Undertaken and Planned

Oregon Health Insurance Exchange (Cover Oregon or CO) Development

Cover Oregon

DCBS continued to engage with Cover Oregon's implementation and conversion to a Supported State-Based Marketplace (SSBM) in multiple ways. DCBS has a seat, as required by Oregon statute, on Cover Oregon's Board of Directors. Senior policy analysts and advisors, managers, the grant-funded health reform/exchange coordinator and other DCBS staff interact daily with Cover Oregon to problem solve and ensure coordination. This is discussed in the *Collaborative Efforts* section below.

Increased Rate Scrutiny

Consumer Organization

DCBS contracts with the Oregon State Public Interest Research Group Foundation (OSPIRG) to represent the public by making comments on filings and participating in public hearings.

In Y2, Q1, OSPIRG did not provide analysis or comments for any filings. This is a result of the low volume of filings in Q1.

OSPIRG continued to use its website to provide consumers with copies of analyses, reports, and news releases. The website also directs consumers to ways they can become involved in the rate review process. OSPIRG also continued to research a range of possible changes to the rate review process that could build on previous successes.

Additionally, as part of fulfilling the Governor's request, OSPIRG worked with DCBS and OHA staff to explore a range of possible recommendations for strengthening Oregon's health insurance rate review program. This work has included research by OSPIRG into frameworks for operationalizing cost containment standards in the rate review process, including research into policies in other states.

OSPIRG will continue to provide written comments and testimony on behalf of the public in Cycle III. Additionally, in Y2, OSPIRG will provide additional input on how to provide health care pricing data in a meaningful way to consumers.

Establish Regular Public Hearings

Beginning in Y1 of CII, all hearings became available by video on the rate review website. Because daytime hearings in the state capital are hard for many to attend, providing video streaming and archived recordings of the hearings at our website make the process more accessible. Every live streamed hearing has drawn observers.

Our current policy is to hold public hearings on nearly all small group and individual health benefit plan rate filings. In Y2, Q1, we held one hearing on a small group quarterly rate adjustment. This hearing had two "unique identified users" who attended via live video streaming.

Since CII began, and now into CIII, Oregon has held 68 public hearings on rate filings. Oregon began live streaming these hearings regularly in April 2012 and has since recorded 1,169 people logged into view these hearings.

All hearings are scheduled as soon as the filing is deemed complete and posted to our website.

Consumer Education & Outreach

Town Halls

DCBS's consumer liaison participated in one outreach event in Q1, where he spoke about rate review. The event took place in Beaverton and was attended by twelve people.

Resources Necessary for Increased Workload

The project coordinator experienced increased call and email volume from consumers with rate questions leading up to open enrollment.

Equipment & IT Advances

Video Streaming and Video Conferencing

As reported previously, the DCBS hearing room was fully equipped and operational for video streaming and video conferencing in CII. At this time, all hearings are held in Salem and broadcast with live video streaming. Also, a video file of each hearing is posted on the website, so that the public can access hearings at their convenience. We use Twitter, press releases, and email alerts to spread hearing information.

Consumer Disclosure Form

As the federal data template has been revised, we found that we did not have the programming necessary to allow us to automatically populate a graphic consumer disclosure form. It is our expectation that as CIII progresses in the coming months, we will identify alternative methods to display this same information in a consumer friendly format.

Expand and Enhance Rate Review

Use Market Conduct Authority to Confirm Rates Are Implemented as Filed

In an effort to further expand our rate review process, DCBS will use CIV funds to contract with a market examination organization to conduct targeted exams to ensure that rates are implemented as filed. In Q1, DCBS wrote the request for proposal (RFP) for this work and the RFP was being reviewed by the Department of Justice. We expect to issue the RFP and award the contract in Q2.

Ensure Information in Rate Filing Submissions Is Consistent with Audited Financial Data

In Q1, our rate review analyst is working closely with our Financial Regulation unit to learn how to reconcile audited financial data with the information submitted in rate filings. The goal is to review rate filings and financial documents together and ask questions about variations during the rate review process.

Operational, Policy Developments & Issues

Increase Rate Scrutiny

In Y2 of CIII, we continue to evaluate how to meaningfully use quality improvement and cost containment efforts in rate review and to provide information to the public. As a result of recommendations by the Oregon Health Policy Board, DCBS required all insurance companies to submit a defined set of cost and quality metrics in 2015 health rate filings. Although these metrics were for informational purposes only and not considered in the final rate decision for 2015, collecting this information was an important step in ensuring that Oregon's triple aim goals of lower costs, better care and better access are met. DCBS intends to collect these metrics again in 2016 rate filings and is determining how they will be used. These metrics, along with the cost and quality reports from Q Corp, will provide DCBS with new information to review in conjunction with rate filings.

Rate Review Workload Management

CI and CII grants increased Oregon's capacity to meet the demands of conducting thorough rate reviews that comply with state and federal healthcare reforms.

In CIII, Y2, Q1, as expected, we received only one rate filing which was a modification to existing small group rates. We anticipate another large influx of filings in Q3, as carriers will be required to submit their 2016 annual rate filing for individual and small group health plans in Q3.

We continue to plan for the 2016 filing deadline by reviewing the 2015 process and identifying strengths and areas of improvement in that process. We met with each filing carrier at the conclusion of the 2015 rate review work to get feedback on the 2015 review season. As a result of those discussions, DCBS will move the public hearings to later in the process so carriers, the public and OSPIRG can review DCBS' preliminary rate decisions and provide comment for consideration before final decisions are made. This will allow a focused discussion on key elements of the filing with all stakeholders. Standard questions for all filings are under review and additional questions may be added as necessary, to ensure consistency and that key topics are addressed. Metrics for cost containment and quality improvement efforts were first collected in 2015 rate filings and will again be collected in 2016. Review of financial statement information related to improving health care quality expenses along with the metrics results is being done and it is anticipated that this information may lead to questions to carriers for explanation and clarification.

Public Access Activities

DCBS continued its activities to increase public access in Y2, Q1 of CIII. These include the continued contract with OSPIRG, making all public rate hearings available for live stream, and improving portions of the rate review website to make rate review easy to understand.

Our project coordinator continued to be very active in answering consumer calls and questions in Q1. The bulk of these calls were from consumers and other interested parties, regarding open enrollment. This resulted in increased call and email volume for DCBS staff,

but also provided many opportunities to explain health reform and the rate review process to interested consumers.

We also updated the *Consumer Guide to Rate Review* to include more information about how the rate review process is changing with the implementation of Health Reform. We originally printed 500 copies to hand out at hearings and consumer outreach events. It is also available on our website.

Collaborative Efforts

In Y2, Q1, the department continued to collaborate with a number of organizations to advance the goals outlined in the Cycle III grant to meet ACA-related and state health reform requirements.

Reinsurance Technical Advisory Group

In Q1, DCBS continued to hold meetings of the Rate Review Technical Advisory Group (TAG) with actuaries representing Oregon insurers. This group was formerly the Reinsurance Technical Advisory Group. The TAG met three times in Q1, with topics including insurer feedback related to the 2015 filing process and updated product standards, updates on the state run reinsurance program, small group expansion, and transitional benefit plan program, and process changes for the 2016 rate filings.

DCBS intends to continue holding TAG meetings with the focus shifting to 2016 rate filings and changing federal regulations.

Grant Program Evaluation

CIII

DCBS is in the process of creating a detailed evaluation plan. Due to delays, we have not yet identified specific measures related to the agreed upon scope of work. These measures might include the number of website visits and consumers making use of the publicly available tools that report on price and performance.

We intend to have a detailed evaluation plan prepared later in Y2.

CIV

DCBS is in the process of creating an evaluation plan for CIV. The expectation will be to build off of the plan created for CIII with focus shifting to CIV activities.

Enhancing Data Center-CIII

DCBS continues to work with OHA on the process of enhancing data quality in the APAC database. OHA continued to hold meetings of the APAC TAG in Q1 to advise OHA and DCBS on how to enhance the quality and usefulness of APAC data; see the discussion in the *Oregon Health Policy Board* section below. In Q1 meetings, the APAC TAG provided recommendations for data fields to be added to the APAC database, began work on the data validation plan and timeline, and discussed how DCBS would use APAC data for rate review. These topics will continue being discussed in future meetings.

In a further effort to enhance rate review and improve health care price transparency, OHA is establishing authority for both DCBS and Q Corp to use APAC data for those goals. This

authority for Q Corp was established in Y1, Q4 when the Data Use Agreement (DUA) was signed by both parties. Q Corp is now using this authority to begin collecting data from APAC for analysis. OHA and DCBS continue to work together to allow DCBS access to APAC. It seems likely that a rule change and amendment to the IGA will be necessary to continue this work. This work has begun in late Q4 and carried over into Y2, Q1. We expect to have both changes completed in Y2, Q2.

The work that is being done to enhance the data center will assist with these projects:

- I.** Development of additional data to be used in the rate review process. This will include addition of fields to the database as well as providing OID with access to the APAC data.
- II.** Response to recommendations made by the Oregon Health Policy Board.
- III.** Development of data to be shared with consumers to provide them with enhanced transparency of cost and quality of health care.

Finally, DCBS, OHA, and Q Corp continue to work toward establishing data validation methods that are specific to the information needed for each type of analysis. For example, we'll determine exactly which fields need to be validated in order to be able to use the data for disclosure of cost information. Another specific data set would need to be validated if we were to use APAC for evaluation of costs by region. The methods of validation will depend greatly on the usage of that data. OHA and DCBS will also continue working with the APAC TAG group to identify and decide upon validation methods.

Increase Transparency in Health Care Pricing

Work on health care pricing transparency continued in earnest in Q1. DCBS, OHA, and Q Corp held meetings in Q1 to discuss how Q Corp would be able to provide the products and services to increase transparency in health care pricing and assist in the rate review process. Q Corp provided sample versions of cost and quality reports, based on preliminary, unvalidated APAC data. These reports provide a high-level look at what factors are driving per member per month healthcare costs, as well as variations across health insurance carriers, and will provide cost and quality data for public reporting on the rate review website.

Additionally, Q Corp provided a final list of recommendations to improve the consumer usability of our rate review website in Y1, Q4. DCBS and Q Corp met to discuss these recommendations and how to implement them. DCBS will meet internally to determine which of Q Corp's recommendations will be feasible and useful to implement. We expect to begin implementing some changes in Y2, Q2.

Oregon Health Policy Board

As mentioned in previous reports, the Governor charged the OHPB with recommending to him and the legislature possible statutory and regulatory change necessary to ensure that Oregon's triple aim goals are met.

In Q1, the APAC TAG continued meeting to complete work toward its goals of APAC enhancement and validation.

The Sustainable Healthcare Expenditures workgroup (sustainable rate of growth) continued meeting in Q1 as well.

Oregon Health Insurance Exchange (Cover Oregon) Collaboration

DCBS and Cover Oregon staff are in daily contact, coordinating and consulting on the numerous policy and operational aspects of implementing the ACA and ensuring a stable market.

The transition from a State-Based Marketplace (SBM) to a Supported State-Based Marketplace (SSBM) is the largest challenge Oregon faced during Q1 and work continues on implementation.

Significant areas of collaboration with Cover Oregon in Q1 included:

- DCBS' creation of an interactive Excel table that allows a user to sort all ACA-compliant plans (with the exception of cost-share reduction plans) that are offered market-wide. The user can choose to view plans offered through the Marketplace or in the outside market. This allows consumers to better consider the variety of cost-sharing structures for different benefits and determines what best fits their budget and anticipated health care needs. It is posted at the DCBS website and is intended for use by agents and assistors to help consumers select a QHP that is right for them.

DCBS worked with Cover Oregon to publicize the availability of this tool to agents and to the in-person assistors who are engaged with the Marketplace. This sorting mechanism augments the consumer information available on-line through the Marketplace for QHPs.

- Coordination with Cover Oregon regarding multistate plans. DCBS and Cover Oregon worked together on clarification of where multistate plan consumers should be directed to file an appeal or make a complaint. We are continuing to reconcile Office of Personnel Management requirements with Oregon law.
- OID posted an article on its website advising Marketplace consumers to be aware of fraud and what to do when they think they may have been subject to a fraudulent act related to purchasing health care coverage through the Marketplace.
- Continued discussions on how to assist persons who lose job-based coverage to bridge the coverage gap they may face if they choose Marketplace coverage rather than Cobra or the state's "mini-COBRA."
- DCBS released a memo on October 31 to issuers related to the potential coverage gap consumers who miss the December 15, 2015 deadline to enroll through healthcare.gov to have coverage effective January 1, 2015. DCBS encouraged issuers to allow enrollments through December for a January 1, 2015 effective date.
- Continued to solve a variety of open enrollment issues for individual plan members. Continued to assist members who were confused about SHOP and how small employers can be eligible to receive tax credits.

Lessons Learned

Increasing participation in public hearings

As discussed in previous reports, all rate review hearings are now available to view live via the internet as well as archived for later viewing. A significant issue continues to be increasing attendance and views for our hearings.

After the hearings were completed in Y1, Q4, we compared the number of views from last year to this year. The number of views was down from last year. We only had one hearing in Q1, but will make a concentrated effort in the coming year to increase consumer participation in rate review and hearings going forward

Best Practices for Anticipated Filing Surges Every Year

As discussed elsewhere in previous reports, we now require all carriers to submit rate filings for all transitional, grandfathered, and ACA-compliant plans on the same date. This leads to an anticipated, and planned for, surge in filings. Receiving a large number of filings at one time creates workflow challenges for our staff in reviewing, holding hearings for, and ultimately making decisions on each filing. Although we've successfully planned for these influxes of filings, including hiring additional staff, we still feel that there are areas that we could improve our efficiency going forward.

Internal planning has continued throughout Q1 to discuss areas of improvement as well as how we can alter the process to increase consumer participation and accommodate carrier suggestions. We will continue to review our performance during this surge in hopes of improving the rate review process in future years.

Budget & Expenditures To-Date

HIPR Budget & Expenditure Report Section B--All Grant Activity Report Cycle III, Year 2, Quarter 1 Report		
		REGION: X STATE: OREGON NUMBER: 1 PRPPR140056-01-00 BEGINNING DATE: 10/1/2014 ENDING DATE: 12/30/2014
OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE
a. Personnel	558,720	103,739
b. Fringe Benefits	314,205	49,990
c. Travel	6,767	0
d. Equipment	5,460	0
e. Supplies	10,640	0
f. Contractual	2,630,517	689,713
g. Construction		0
h. Other	38,500	2,369
i. Total Direct Charges	3,564,809	845,811
j. Indirect Charges	30,000	0
k. Totals (sum of i-j)	3,594,809	845,811

No expenditures for CIV to date.

DCBS, Oregon Insurance Division Only the new efforts under Cycle III are described below.
 Health Insurance Premium Review – Cycle III, YR 2, Q1 Update

Changes underlined & highlighted

3. Increase Transparency in Health Care Pricing: Oregon plans to use Cycle III funds to increase transparency in health care pricing.

Activity/ Improvement	Objectives/ Goals	Milestones/Outcomes	Timeframe	Person(s) Responsible
Employ a Quality Improve/Cost Containment Liaison to work with Q- Corp and the Oregon Health Authority.	1. To efficiently coordinate with Q-Corp and OHA. 2. To coordinate publishing health care pricing data for consumers.	1. Seek legislative authority to hire this position. Hire the employee. 2. Provide timely information to Q-Corp and OHA as needed.	October 2013-October 2015	<u>TK Keen</u>

Data Collection & Analysis

Trends in the quarterly reported data:

In Q1, we reviewed one filing; a quarterly change for a small group plan.

Additional Context for Any Denied Rate Filings:

There were no disapproved filings in Q1.

Discrepancies between the SERFF Reported Data and State Data:

None noted for October 1-December 31, 2014.

Quarterly Report Summary Statistics

- Total Funds Expended to date, Year 2: CIII \$845,811 Year 1: CIV \$0
- Total Staff Hired (new this quarter and hired to date with grant funds): New 0 To-date 6
- Total Contracts in Place (new this quarter and established to date): 0/3
- Introduced Legislation: No
- Enhanced IT for Rate Review: Yes
- Submitted Rate Filing Data to HHS: Yes
- Enhanced Consumer Protections: Yes
 - Consumer-Friendly Website: Yes
 - Rate Filings on Website: Yes

Data Center Activities

- Total Staff Hired for Data Center (new this quarter and hired to date with grant funds): 1/1
- Total Contracts in Place for Data Center (new this quarter and established to date): 0/2
- Enhanced IT for Data Center: No
- Gained access to new or more comprehensive data sets: No
- Enhanced availability of pricing data to the public: No
- Provided new pricing data on website: No
- Created new report cards or applications that allow consumers to quickly and easily access pricing data: No
- Integrated pricing data with other health care data sets: No
- Tested new website applications and reports with consumers and/or through usability testing: No

Attachments

Rate Review Filing Public Hearings Year 2, Quarter 1

Rate Review Filing Public Hearings Year 2, Quarter 1

SERFF Filing #	Company Name	Type of Coverage	Requested % change	Approved % change	Difference Between Requested and Approved	Hearing Date	# of Users Logged in to Watch Hearing Live
UHLC-129785688	UnitedHealthCare Insurance Company	Small Group	2.9%	2.9%	0.0%	12/5/14	2