Health Insurance Rate Review Grant Program

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

Report Date	April 30, 2015

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
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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 April 1, 2015

Objectives	Milestones & Progress	Challenges, Responses & Variations
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.	Oregon State Public Interest Research Group (OSPIRG) did not provide comments or analysis for the one filing we received in Q2. 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. 50% completed.	OSPIRG did not provide comments on the filing in Q 2.
Expand rate filing scrutiny with two additional actuaries.	Both grant funded actuaries continued to conduct ongoing rate review activities. 50% completed.	
Increase accuracy of filing data with one market analyst.	The rate review analyst, Scott Martin, provided initial review and analysis for our single filing in Q2. 50% completed.	
Improve rate filing intake with one intake coordinator.	Intake coordinator continued to review each filing, identify problem areas, maintain state filing history, and provide technical support to filers. 50% completed.	
Improve communications and grant coordination with one project coordinator.	Project coordinator continued to coordinate grant implementation activities, HHS reports, and other communications. 50% completed.	
Establish regular public hearings to allow public to participate and learn about rate review and cost drivers.	The hearing for our single filing will not be held until early Q3. 100% completed.	Staff worked diligently to hold, record, live stream, and post the hearing on our website in a timely manner.

Automatically publish correspondence between DCBS and insurer actuaries to increase transparency and consumers' understanding – promoting more meaningful participation and comments.	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. 50% completed.	
Hire a health reform/exchange coordinator to coordinate DCBS work with the Exchange and stakeholders.	The exchange coordinator continued serving as DCBS contact for the Exchange as well as providing support for health reform implementation. 50% completed.	Recent legislation transfers administration of the marketplace from Cover Oregon to DCBS, and the exchange coordinator worked with DCBS staff during Q2 to assist in this ongoing transition.
2. <u>Equipment & IT advances</u> **<u>CIII</u>** Utilize web video delivery technology.	The hearing for our single filing will not be held until early Q3. This hearing will be available via live web streaming. 100% completed.	
General IT enhancements.	We continue to monitor our rate review program to determine if there are opportunities for further automation. 100% completed.	
3. <u>Grant Evaluation</u> **<u>CIII</u>** Perform a self-evaluation of the activities and impact of Oregon's grant funded work in CIII.	DCBS is in the process of defining methods of measurement to evaluate activities from CIII. 50% completed.	Staff completed the attached evaluation work plan in Y2, Q2.
CIV Perform a self-evaluation of the activities and impact of Oregon's grant funded work in CIV.	DCBS is in the process of defining methods of measurement to evaluate activities from CIV. 20% completed.	

4. <u>Increase Transparency in Health Care Pricing</u> **<u>CIII</u>** Enhance existing Data Center and All Payer Claims Database (APAC).	Both the contract with Q Corp and the interagency agreement with OHA were signed in late Q2 of Y1. The APAC Technical Advisory Group (TAG) continued meeting monthly in Q1. 60% completed.	TAG continued to meet in Q2 and achieved several goals. OHA and DCBS completed work on an amended IGA. The contract will be signed in early Q3.
<u>CIV</u> Enhance existing Data Center.	In Q2, DCBS finalized the scope of Q Corp's for work for CIV. 40% completed.	
<u>CIII</u> Improve Health Pricing Transparency.	Meetings of the APAC TAG group began in Q4 and continued in Y2, Q2. 60% completed.	DCBS, OHA, and Q Corp staff continued meeting in Q2 to coordinate timelines for Q Corp and OHA activities and deliverables around pricing transparency.
Enhance Accessibility of Health Pricing Data.	Q Corp provided a report of recommendations for enhancements to the rate review website in Q4. 60% completed.	DCBS reviewed the report and implemented many of the recommendations from Q Corp to improve the website implement.
Integrate Quality and Price Information.	DCBS, OHA, and Q Corp continued to meet in Q2 to discuss products and services to be developed to expand access to and reporting of price and cost information available through APAC. 60% completed.	In Q2, Q Corp continued working with DCBS to create the agreed upon cost and quality reports to be delivered later in the grant.
Employ a Quality Improvement/Cost Containment Liaison to work with Q-Corp and the Oregon Health Authority.	We are still determining whether to refill this position. 75% completed.	

5. Expand and Enhance Rate Review Using CMS Best Practices Use Market Conduct Authority to Confirm Rates Are Implemented as Filed.	DCBS released a competitive request for proposal and selected a vendor in Q2. 40% completed.	DCBS has completed negotiating the contract and execution should be completed in early Q3.
Ensure Information in Rate Filing Submissions is Consistent With Audited Financial Data.	Preliminary training of DCBS staff has been completed. 20% completed.	The rate review analyst has compiled certain information for use during rate review from each carrier's annual financial statement. Where questions existed, he has reached out to carriers to resolve the questions to ready the data for use. When rate filings are received, we will compare premium and claims incurred data in the filing with filed financial statements, as appropriate. Where there are material discrepancies, the carrier will be asked to explain/provide reconciliation. Additionally, DCBS has reached out to other rate review grant recipient states to learn about their best practices in this area.

Significant Activities: Undertaken and Planned

Oregon Health Insurance Marketplace Transition

Oregon Health Insurance Marketplace
The Oregon legislature recently passed Senate Bill 1, which transfers the administration of Oregon's state-based health insurance marketplace from Cover Oregon to DCBS. The Health Insurance Marketplace Transition Project is a cooperative venture between Cover Oregon and DCBS to implement the bill and ensure a smooth transition of functions and duties. 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, Q2, OSPIRG did not provide analysis or comments for any filings. This is a result of the low volume of filings in Q2.

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.

OSPIRG will continue to provide written comments and testimony on behalf of the public in Cycle III. Additionally, in Y2, as Q-Corp develops cost and quality reports, 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, Q2, we had not yet held the hearing for the one small group filing we received in this quarter.

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 Q2, where he spoke about rate review. The event took place in Portland and was attended by fifteen insurance agents.

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 Q2, DCBS issued the request for proposal (RFP) and received two responses. DCBS selected the bid submitted by INS Regulatory Insurance Services, Inc., and is in the process of negotiating the final terms of the contract with the company.

Ensure Information in Rate Filing Submissions Is Consistent with Audited Financial Data
The rate review analyst has compiled certain information for use during rate review from each carrier's annual financial statement. Where questions existed, he has reached out to carriers to resolve the questions to ready the data for use. When rate filings are received, we will compare premium and claims incurred data in the filing with filed financial statements, as appropriate. Where there are material discrepancies, the carrier will be asked to explain/provide reconciliation. In Q2, our rate review analyst and Product Regulation manager participated in a call with a contractor for the Arkansas Insurance Department. The contractors provided several items for our review and information, including excerpts from the Arkansas rate review policies and procedures manual. Also included was a description of the work they are doing in Massachusetts related to the review of provider contracts and evaluation of health care negotiation and contracting in Massachusetts.

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 future 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, Q2, 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.

We continue to plan for the 2016 filing deadline by reviewing the 2015 process and identifying strengths and areas of improvement in that process. As a result of discussions with carriers and other stakeholders, 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 have been developed and are part of the filing requirements for the Q3 filings. 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.

DCBS will use this new process for the rate filing received in late Q2 in order to evaluate strengths and areas where improvement is needed prior to the rate filing surge in Q3.

Public Access Activities

DCBS continued its activities to increase public access in Y2, Q2 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.

DCBS updated its rate review website, www.oregonhealthrates.org, to be more user-friendly. Staff worked to update information on the webpage, improve navigability, and update the

layout to make it easier to read. The website was also updated to be completely mobile-device friendly.

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. The updated *Guide* is available on our website.

Collaborative Efforts

In Y2, Q2, 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.

Rate Review Technical Advisory Group
In Q2, 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 twice in Q2. One meeting covered our Product Standards training and the other meeting covered the 2016 reinsurance parameters. No meeting was held in March to give insurers time to prepare filings.

Essential Health Benefit/Standard Plan Advisory Committee
Starting in Q2, DCBS convened an Essential Health Benefit/Standard Plan advisory committee, made up of multiple and varied stakeholder groups, to update our plan EHB's and Standard Plan designs. As part of this work, we are bringing in Wakely Consulting (as we did previously) to provide analysis and compare the benchmark options based on benefits and cost. Oregon law requires the Division to define essential health benefits by administrative rule, and Oregon's benchmark selection process is extensive. This work for development of standard plans and benefits will give DCBS a tool to determine the reasonableness of rate variations between carriers and better enable the division to monitor and understand price and benefit changes in the individual and small group markets.

DCBS held two meetings of this group in Q2. The first meeting was an introduction and discussion of the goals for the workgroup. The second meeting involved a presentation from Wakely regarding benchmark benefit comparison and discussion.

We expect this work to be completed in Q3.

Grant Program Evaluation
CIII
In Q2, DCBS created a detailed evaluation plan. The evaluation plan identifies specific measures to determine outcomes of DCBS' work under the grant.

The evaluation plan is attached at the end of this document.

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 Q2 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 Q2 meetings, the APAC TAG finalized the list of data fields to be added to the APAC database, continued 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 continue analysis of data collected from APAC. OHA and DCBS continue to work together to allow DCBS access to APAC. Work on an updated IGA to allow this access to DCBS was begun in late Q4 and the agreement is expected to be signed in very early Y2, Q3.

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 Q2. DCBS Q Corp met in Q2 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. DCBS continued to review the sample versions of cost and quality reports provided by Q-Corp. These sample reports are 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.

Q Corp and DCBS also held meetings with carriers to discuss the CIII rate review project. Carriers were informed about what the cost and quality reports would cover, how they would be presented, and how they would be used by DCBS. Carriers were given an opportunity to provide feedback and future meetings are planned to discuss updates on the reports and receive further feedback from carriers.

Additionally, Q Corp provided a final list of recommendations to improve the consumer usability of our rate review website in Y1, Q4. We began implementing many of these changes into our website in Q2 and will continue working with Q Corp to identify the best place on the website to post the cost and quality reports.

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 Q2, 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 Q2 as well. The workgroup presented recommendations to the OHPB. At this time, the OHPB has not taken action on those recommendations and are considering how to use the workgroup going forward.

Oregon Health Insurance Marketplace Collaboration
DCBS and Health Insurance Marketplace staff are in frequent contact, coordinating and consulting on the numerous policy and operational aspects of implementing the ACA and ensuring a stable market as well as the transition of marketplace functions from Cover Oregon to DCBS.

The transfer of administration of the marketplace from Cover Oregon to DCBS was the largest challenge Oregon faced during Q2 and work continues on implementing this change.

Other significant areas of collaboration with the marketplace in Q2 included:

- Reconciliation of filed and approved benefits illustrated on the cost share tool, the Summary of Benefit and Coverage, and the plan brochures posted to healthcare.gov. This task was completed by the exchange last year. Since the marketplace is currently in transition, DCBS staff performed this reconciliation.

- Early stage planning for the essential health benefits (EHB) Advisory Committee. The EHB group includes marketplace personnel, and is tasked with establishing 2017 benchmark plans and essential health benefits.

- 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."

- 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 will hold the hearing in Q3, on our one Q2 filing, but will make a concentrated effort in the coming year to increase consumer participation in rate review and hearings going forward. We expect the new hearing process to generate more consumer interest and participation since consumers and other stakeholders will have opportunity to see the preliminary rate decision prior to the hearing.

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.

Additionally, in Q2 we received our first filing that will be reviewed using our new process. As the review for the filing is occurring over Q2 and Q3, it's difficult at this time to determine the impact of this change. We expect that with this filing, and the influx received in Q3, we will have a great opportunity to watch the new process in action and determine areas that were successful and those that may still need improvement.

Budget & Expenditures To-Date

HIPR Budget & Expenditure Report
Section B--All Grant Activity Report
Cycle III, Year 2, Quarter 2 Report

REGION: X
STATE: OREGON
NUMBER: 1 PRPPR140056-01-00
BEGINNING DATE: 1/1/2015
ENDING DATE: 3/30/2015

OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE
a. Personnel	558,720	184,622
b. Fringe Benefits	314,205	89,930
c. Travel	6,767	0
d. Equipment	5,460	0
e. Supplies	10,640	551
f. Contractual	2,630,517	1,152,208
g. Construction		0
h. Other	38,500	2,369
i. Total Direct Charges	3,564,809	1,429,680
j. Indirect Charges	30,000	0
k. **Totals (sum of i-j)**	3,594,809	1,429,680

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, Q2 Update
No changes to workplans in Q2.

Data Collection & Analysis

Trends in the quarterly reported data:

In Q2, 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 Q2.

Discrepancies between the SERFF Reported Data and State Data:

None noted for January 1-March 31, 2015.

Quarterly Report Summary Statistics

- Total Funds Expended to date, Year 2: CIII $1,429,680Year 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): 0/1
- 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 2

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
HNOR-129935805	Health Net Health Plan of Oregon, Inc.	Small Group	7.82%	XX%	XX%	4/20/2015	X

The Oregon Health Insurance Rate Review Cycle III Grant Program Performance Evaluation Goals

	Goal Definition					Goal Analysis		
	Specific	**M**easureable	**A**ttainable	**R**elevant	Time Bound	**E**ffective	R^2	
Unhide Row below to **Filter**	The Scope of the Metric applies to:	The Metric and Measure is described as follows:	Attainable w/ available resources? (Y/N/Unkn)	Relevant to a desired business outcome? (Y/N/Unkn)	State when the Goal or deliverable is due. (Calendar Quarters)	Is the goal proving effective toward the business objective? (No, Unknown, Some, Moderately, Highly)	Evaluate the correlation between the goal measure and goal performance. (None, Low, Moderate, Strong)	R^2 Notes (next steps in the analytical process)
1	Customer	**Define the Monthly Number of visits to the public website (Oregonhealthrates.org).** (Demonstrates consumer demand for information)	Y	Y	Quarterly			1) Line chart the number of visits per month to depict website (Oregonhealthrates.org) visitation. 2) Create a scatter plot of website visitation to some positive health insurance behavior or outcome (e.g. # of public comments received, number of questions asked, quarterly enrollment...etc.).
2	Customer	**Demonstrate increased public engagement with the "Oregonhealthrates.org" website in 2015 as a function of the relationship between the site's "bounce rate" and user session "duration."** (Specifically an increase in the coefficient value for the slope term in the y=Mx+b regression model).	Y	Y	Quarterly			Use a scatter graph of bounce rate and session duration from Google analytics to quantify the M value and record how it changes over time. The bounce rate is expected to decrease and session duration to increase as users know both where to the information they need and spend more time reviewing it.
3	Customer	**Obtain and post Q-Corp's cost and quality reports by the end of Q3 2015.** (Gains division access to state cost and quality information)	Y	Y	Q3 2015		N/A	
4	Customer	**Reduce carrier Base Rate variation between Pre ACA and Post ACA plan years.** (Demonstrates ACA impact and OID effectiveness in evaluating rate factor reasonableness)	Y	Y	Q3 2015			1) Chart (using a line graph) the upper and lower base rate requests in dollar amounts against the upper and lower approved base rate amounts (from ~2008 to present). 2) Analyze any widening or narrowing of requested rates to approved rates in view of the ACA policies in effect during those years.
5	Customer	**Reduce the average OID approved carrier Base Rate increase trajectory.** (Measure pre and post ACA plan years to demonstrates ACA impact and OID effectiveness in evaluating rate factor reasonableness)	Y	Y	Q3 2015			1) Chart the annual average approved base rate increase (from ~2008 to present) against a weighted DCBS defined trend value (point value) using medical and administrative trend values (weighted 80/20). Rate review questions can then ask what it is about the carriers business model that justified a difference in thier trend figure from the DCBS point estimate. 2) Note any inflection points and the ACA policies in effect during those years.
6	Customer	**Define the Number of Annual Public Rate Review Comments.** (This figure is obtained by summing the number of public comments received for a given carrier's plan(s) from both the Division and OSPIRG websites).	Y	Y	Q3 2015			1) Chart the number of public comments received during the annual rate review. 2) Create a pareto diagram (frequency diagram) of the most asked questions / concerns.
7	Customer	**Define the Percent complete to Grant Schedule.** (This is to be measured quarterly)	Y	Y	Quarterly		N/A	
8	Rate Review Data	**Gain DCBS access to the APAC Database for use in Rate Review.** (Gains access to Oregon's medical industry costs)	Y	Y	Q3 2015		N/A	
9	Rate Review Data	**Gain the addition of DCBS Rate Review fields to the APAC database.** (This enables DCBS to begin doing Rate Review specific analysis)	Y	Y	Q3 2015		N/A	
10	Rate Review Data	**Gain validation and agreement of carrier specific APAC data from each carrier.** (This ensures that both the regulator (OID) and Carrier are using the same data point references)	Y	Y	Q3 2015		N/A	
11	Rate Review Data	**Define the Average Number of Annual Rate Review Objections (apart from those deemed as "final objections").** (This is a measure rate review process maturity driven by: experience, process definition, documentation clarity and effectiveness and training provided).	Y	Y	Q3 2015			1) Chart the number of OID objections rasied during annual rate reviews per carrier. 2) build a pareto diagram (frequency diagram) of the type of objections most commonly raised. 3) Review for changes in the type and volumn of rate review objections raised over time. It is expected that the number of objections will decrease and become more diverse over time as a function of improved product standard (4872) clarity and rate review process familiarity.
12	Rate Review Data	**Define the average annual Medical Trend (among the range of approved filings).** (This figure is expected to stablize and track other inflation indicators over time (e.g. the medical CPI).	Y	Y	Q4 2015			1) Chart the median trend percentages (with a box and whisker plot) to portray the range of approved trend figures for plan years 2014 through 2016 (go further back later as time permits). 2) Compare the average annual trend percentages to other inflation indices (e.g. Medical CPI). 3) Identify the significant variables to trend (Multi-linear regression).
13	Rate Review Data	**Deliver detailed work and evaluation plans to HHS.**	Y	Y	Q3 2015		N/A	
14	Rate Review Data	**Continue with contractual agreement with Q-corp and gain agreement with OHA by Q2 of 2015 to complete work specified in the statement of work and consistent with the evaluation plan criteria.**	Y	Y	Q2 2015		N/A	
15	Rate Review Data	**Define the content of quality and price information among DCBS, OHA and Q-Corp to be reported publically.**	Y	Y	Q4 2014		N/A	
16	Rate Review Data	**Improve the data center's (Q-corp) service delivery by the end of Q4 2015.**	Y	Y	Q4 2015			Q-corp to answer the following questions (via survey) to structure their performance measurement: a) (Scope) How many more data elements are being evaluated that were not prior to the added grant funding? If this is not insightful, then how is the scope increase of data evaluation best quantified? b) (Capacity) By what amount was system capacity enhanced? c) (Scope) What measureable benefit has the addition of Medicare and Medicaid data had on the users of Q-Corp data?
17	Rate Review Data	**Meet or Exceed the Validation Plan Schedule for the APAC at the end of Q4 2015.**	Y	Y	Q4 2015			This metric reports the performance of acheiving the APAC database validation by the validation plan schedule.