

**Cycle III, Year 2, Quarter 3 Report
Cycle IV, Year 1, Quarter 3 Report**

Report Date	July 30, 2015
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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	04/01/2015-6/30/2015

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	04/01/2015-6/30/2015

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 July1, 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) conducted a thorough analysis of four individual rate filings, submitted written comments during the public comment period, and testified at the public hearings on these filings. OSPIRG also provided oral and written testimony on five additional rate filings.</p> <p>75% completed.</p>	
<p>Expand rate filing scrutiny with two additional actuaries.</p>	<p>Both grant funded actuaries continued to conduct ongoing rate review activities. Additionally, we hired a temporary, credentialed actuary, Jeffrey Furnish, to assist in review of the 2016 rate filings.</p> <p>75% 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 rate filings during Q3.</p> <p>75% 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>75% 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>75% completed.</p>	

Establish regular public hearings to allow public to participate and learn about rate review and cost drivers.	Public hearings were held on all 28 filings submitted in 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. 75% 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. 75% completed.	Recent legislation transfers administration of the marketplace from Cover Oregon to DCBS, and the exchange coordinator worked with DCBS staff during Q3 to assist in this ongoing transition.
2. <u>Equipment & IT advances</u>		
<u>CIII</u> Utilize web video delivery technology.	All hearings in Q3 were live streamed and recorded for later viewing. 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 collecting data to evaluate CIII activities. 75% completed.	
<u>CIV</u> 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.	

<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>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 in Q3.</p> <p>80% completed.</p>	<p>TAG continued to meet in Q3 and achieved several goals. OHA and DCBS completed and executed an amended IGA.</p>
<p><u>CIV</u> Enhance existing Data Center.</p>	<p>In Q3, DCBS finalized the scope of Q Corp's for work for CIV.</p> <p>50% completed.</p>	<p>The contract between DCBS and Q Corp for CIV work was executed in Q3.</p>
<p><u>CIII</u> Improve Health Pricing Transparency.</p>	<p>Meetings of the APAC TAG group began in Y1 Q4 and continued in Y2, Q3.</p> <p>80% completed.</p>	<p>DCBS, OHA, and Q Corp staff continued meeting in Q3 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 an updated report of recommendations for enhancements to the rate review website in Q3.</p> <p>80% completed.</p>	<p>DCBS reviewed the report and implemented many of the recommendations from Q Corp to improve the website implement.</p>
<p>Integrate Quality and Price Information.</p>	<p>DCBS, OHA, and Q Corp continued to meet in Q3 to discuss products and services to be developed to expand access to and reporting of price and cost information available through APAC.</p> <p>80% completed.</p>	<p>In Q3, Q Corp continued working with DCBS to create the agreed upon cost and quality reports to be delivered later in the grant.</p>
<p>Employ a Quality Improvement/Cost Containment Liaison to work with Q-Corp and the Oregon Health Authority.</p>	<p>We continue to assess the need to fill this position as work continues on the initiatives to enhance the availability of health pricing data.</p> <p>75% 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 executed the contract with the vendor and commenced examination planning meetings in Q3.</p> <p>40% completed.</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>75% completed.</p>	<p>The rate review analyst compiled certain information for use during rate review from each carrier's annual financial statement. Where questions existed, he reached out to carriers to resolve the questions to ready the data for use. During the analysis of rate filings, premium and claims incurred data in the filing was compared with filed financial statements and carriers were asked to reconcile or explain material discrepancies. Carriers were also asked to identify cost and quality measures that contributed to changes in reported cost and quality expenses as reported on the Supplemental Healthcare Exhibit. Rate filing analysis also includes review of historical and projected administrative expenses, the target medical loss ratio compared to federal parameters, financial performance and financial condition. Additionally, DCBS reached out to other rate review grant recipient states to learn about their best practices in this area.</p>

Significant Activities: Undertaken and Planned

Oregon Health Insurance Marketplace Transition

Oregon Health Insurance Marketplace

The Oregon legislature passed Senate Bill 1 in Q2, which transferred 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, Q3, OSPIRG conducted a thorough analysis of four individual rate filings, submitted written comments during the public comment period, and testified at the public hearings for those filings.

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, Q3, we held 16 hearings for 28 rate filings received in this quarter. When a company had an individual and small group filing, we combined those filings into one hearing.

Since CII began, and now into CIII, Oregon has held 84 public hearings on rate filings. Oregon began live streaming these hearings regularly in April 2012 and has since recorded 1,475 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 Q3, where he spoke about rate review. The event took place in Troutdale and was attended by fifty 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 Q3, DCBS executed the contract with INS Regulatory Insurance Services, Inc. DCBS and INS have begun preliminary planning for examinations expected to start in Q4.

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

The rate review analyst compiled certain information for use during rate review from each carrier's annual financial statement. Where questions existed, he reached out to carriers to resolve the questions to ready the data for use. During the analysis of rate filings, premium and claims incurred data in the filing was compared with filed financial statements and carriers were asked to reconcile or explain material discrepancies. 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. Oregon's rate filing analysis closely matches that described by Arkansas in its review procedures manual. The contractor also included 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, DCBS required all carriers to once again submit a defined set of cost and quality metrics in 2016 health rate filings. Although these metrics were for informational purposes only and not considered in the final rate decisions, collecting this information is an important step in ensuring Oregon's triple aim goals of lower costs, better care and better access are met. DCBS will continue to evaluate how to use these metrics going forward.

The 2016, ACA-compliant rate filings included consideration of several factors that are still relatively new to rate filings. Some of the factors with the most significant impact were changes to morbidity to reflect the elimination of medical underwriting, state and federal reinsurance recoveries and the impact of risk corridor receivables. The 2016 rates were developed using 2014 experience. This was the first time a full year of ACA-compliant data was available.

DCBS conducted an analysis of the 2014 claims and financial data and created a market average risk scenario. This allowed us to compare each carrier's claim cost to the market average. The division reviewed the individual market rate filings for 2016 and determined (after considering the merits of each filing individually) that the entire market was underpriced by 6.2%. Early indicators for 2015 were also reviewed and we found the data indicates poor financial results will continue into 2015. If a carrier was projected to operate at a loss under the 2014 market average cost scenario, an additional rate increase of 2.0% was applied to the filing.

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, Q3, as expected, we reviewed and approved 28 filings from 16 companies covering ACA-compliant individual and small group health benefit plans. The filings were distributed evenly across our three, credentialed health actuaries for detailed review. Our market analyst and other staff provided initial file review as well as compiled data from filings to allow DCBS staff to compare information across all of the filing companies. As a result of discussions with carriers and other stakeholders, DCBS moved 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 allowed a focused discussion on key elements of the filing with all stakeholders. DCBS also held public conference calls early in the review process if the actuary determined clarification was needed for aspects of the filing. The public could listen to the phone calls and provide comment at the end.

Standard questions for all filings were developed and were part of the filing requirements for the Q3 filings. Additional questions were added as necessary, to ensure consistency and that key topics were addressed. 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.

Due to the concentration of rate filings in a short period of time, we once again streamlined the hearing process by combing hearings for carriers to cover both individual and small group filings in one hearing. This enabled us to complete all rate hearings in 3 days rather than over approximately 10 days.

The market analyst and temporary service actuary were essential to our ability to handle this spike in filing activity. With these additional resources provided under Cycle III, we were able to maintain our high standards for thorough analyses of each filing.

Public Access Activities

DCBS continued its activities to increase public access in Y2, Q3 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 was very active in Q3 in answering consumer calls and questions. The bulk of these calls were from consumers and other interested parties, regarding the health insurance rate filings. 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.

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, Q3, 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 Q3, DCBS did not hold meetings of the Rate Review Technical Advisory Group (TAG) with actuaries representing Oregon insurers. This was to allow DCBS staff and carriers to work on rate filings. The TAG group will begin meeting again in Q4.

Essential Health Benefit/Standard Plan Advisory Committee

In Q3, DCBS continued convening 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 brought 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.

In Q3, the advisory group recommended a plan to Commissioner Cali for the 2017 Benchmark Plan. The Commissioner accepted this recommendation and submitted it to CMS on June 30th. DCBS will begin the rulemaking process in Q4 to adopt this plan for 2017.

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.

DCBS is in the process of collecting data for this evaluation.

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 Q3 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 Q3 meetings, the APAC TAG focused its efforts on how to accurately capture monthly premiums in data submission as well as how to account for alternative payment methods. Work on both of these efforts will continue into Q4.

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 was signed in 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 Q3. DCBS Q Corp met in Q3 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 continued holding 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.

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 Q3, the APAC TAG continued meeting to complete work toward its goals of APAC enhancement and validation.

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 continued on implementing this change in Q3.

Other significant areas of collaboration with the marketplace in Q3 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.
- Selection and submission of the 2017 benchmark plans and essential health benefits to CMS. The EHB group included marketplace personnel.

- Continued to solve a variety of issues for individual plan members, including issues around incorrect subsidy amounts. . 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.

As expected, the new hearing process as well the rate decisions, did generate more consumer interest and participation since consumers and other stakeholders had an opportunity to see the preliminary rate decision prior to the hearing. However, this interest was best illustrated in consumer questions and calls to the project coordinator, and hearing views and written comments via the website. Also driving consumer interest was the large percentage rate increases being requested by many carriers. In person attendance was still low for every hearing. We will continue to evaluate how to drive in-person consumer participation for future hearings.

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.

As expected, we received an influx of filings in Q3. This provided us with a great opportunity to experience the new process. As with last year, we will evaluate the rate review process to determine what was successful and also identify areas where we can improve the process.

Budget & Expenditures To-Date

HIPR Budget & Expenditure Report Section B--All Grant Activity Report Cycle III, Year 2, Quarter 3 Report			REGION: X STATE: OREGON NUMBER: 1 PRPPR140056-01-00 BEGINNING DATE: 4/1/2015 ENDING DATE: 6/30/2015
OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE	
a. Personnel	558,720	287,464	
b. Fringe Benefits	314,205	133,518	
c. Travel	6,767	0	
d. Equipment	5,460	0	
e. Supplies	10,640	1,119	
f. Contractual	2,630,517	1,152,208	
g. Construction		0	
h. Other	38,500	4,317	
i. Total Direct Charges	3,564,809	1,929,780	
j. Indirect Charges	30,000	0	
k. Totals (sum of i-j)	3,594,809	1,429,680	
HIPR Budget & Expenditure Report Section B--All Grant Activity Report Cycle IV, Year 1, Quarter 3 Report			REGION: X STATE: OREGON NUMBER: 1 PRPPR140076-01-00 BEGINNING DATE: 4/1/2015 ENDING DATE: 6/30/2015
OBJECT CLASS CATEGORIES	BUDGETED	EXPENSES YEAR TO DATE	
a. Personnel	377,132	0	
b. Fringe Benefits	119,751	0	
c. Travel	3,180	0	
d. Equipment	1,560	0	
e. Supplies	9,120	0	
f. Contractual	593,257	29,743	
g. Construction		0	
h. Other	19,000		
i. Total Direct Charges	1,123,000	29,743	
j. Indirect Charges	56,000	0	
k. Totals (sum of i-j)	1,179,000	29,743	

DCBS, Oregon Insurance Division Only the new efforts under Cycle III are described below.
Health Insurance Premium Review – Cycle III, YR 2, Q3 Update

No changes to workplans in Q3.

Data Collection & Analysis

Trends in the quarterly reported data:

In Q3, we reviewed 28 filings.

Additional Context for Any Denied Rate Filings:

There were no disapproved filings in Q3.

Discrepancies between the SERFF Reported Data and State Data:

None noted for April 1 – June 30, 2015.

Quarterly Report Summary Statistics

- Total Funds Expended to date, Year 2: CIII \$1,429,680 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): 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 3

Rate Review Filing Public Hearings Year 2, Quarter 3

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
ATHP-130053083	ATRIO Health Plans, Inc.	Individual	18.4%	18.4%	0.0%	Tuesday, June 23, 2015, 9:00 – Noon	31
ATHP-130053031	ATRIO Health Plans, Inc.	Small Group	-5.1%	-5.1%	0.0%	Tuesday, June 23, 2015, 9:00 – Noon	31
RGOR-130025073	BridgeSpan Health Company	Individual	15.0%	15.0%	0.0%	Wednesday, June 24, 2015, 9:00 – Noon	46
HNOR-130053770	Health Net Health Plan of Oregon, Inc.	Individual	9.0%	34.8%	25.8%	Wednesday, June 24, 2015, 9:00 – Noon	46
HNOR-130053098	Health Net Health Plan of Oregon, Inc.	Small Group	7.2%	7.2%	0.0%	Wednesday, June 24, 2015, 9:00 – Noon	46
HRIN-130055463	Health Republic Insurance Company	Individual	37.80%	37.8%	0.0%	Tuesday, June 23, 2015, 9:00 – Noon	31
HRIN-130056308	Health Republic Insurance Company	Small Group	15.0%	15.0%	0.0%	Tuesday, June 23, 2015, 9:00 – Noon	31
KFNW-129964401	Kaiser Foundation Health Plan of the Northwest	Individual	-1.95%	8.3%	10.25%	Thursday, June 25, 2015, 1:30 – 3:30	58
KFNW-130043470	Kaiser Foundation Health Plan of the Northwest	Small Group	-10.6%	-7.6%	3.0%	Thursday, June 25, 2015, 1:30 – 3:30	58
PBCC-130006038	LifeWise Health Plan of Oregon Inc.	Individual	38.5%	38.5%	0.0%	Tuesday, June 23, 2015, 1:30 – 3:30	36
PBCC-130051861	LifeWise Health Plan of Oregon Inc.	Small Group	-2.3%	-2.3%	0.0%	Tuesday, June 23, 2015, 1:30 – 3:30	36
ODSV-129985748	Moda Health Plan, Inc.	Individual	25.6%	25.6%	0.0%	Wednesday, June 24, 2015, 1:30 – 3:30	39
ODSV-130056446	Moda Health Plan, Inc.	Small Group	4.2%	4.2%	0.0%	Wednesday, June 24, 2015, 1:30 – 3:30	39
OHCO-130025338	Oregons Health CO-OP	Individual	5.3%	19.9%	14.6%	Wednesday, June 24, 2015, 1:30 – 3:30	39
OHCO-130025986	Oregons Health CO-OP	Small Group	5.6%	5.6%	0.0%	Wednesday, June 24, 2015, 1:30 – 3:30	39
PCSR-130009954	PacificSource Health Plans	Individual	42.7%	37.1%	-5.6%	Tuesday, June 23, 2015, 1:30 – 3:30	36
PCSR-130009928	PacificSource Health Plans	Small Group	6.72%	6.7%	0.0%	Tuesday, June 23, 2015, 1:30 – 3:30	36
PROV-130051978	Providence Health Plan	Individual	7.2%	13.8%	6.6%	Thursday, June 25, 2015, 1:30 – 3:30	58
PROV-130051933	Providence Health Plan	Small Group	-3.3%	-3.3%	0.0%	Thursday, June 25, 2015, 1:30 – 3:30	58
RGOR-130040702	Regence BlueCross BlueShield of Oregon	Individual	12.3%	12.3%	0.0%	Wednesday, June 24, 2015, 9:00 – Noon	46
RGOR-130040600	Regence BlueCross BlueShield of Oregon	Small Group	-4.6%	-4.6%	0.0%	Wednesday, June 24, 2015, 9:00 – Noon	46
SAHP-130071292	Samaritan Health Plans, Inc.	Small Group	22.2%	9.0%	-13.2%	Thursday, June 25, 2015, 9:00 – Noon	96
TCHP-130023520	Trillium Community Health Plan, Inc.	Individual	5%	12.3%	7.3%	Wednesday, June 24, 2015, 9:00 – Noon	46
TCHP-130023214	Trillium Community Health Plan, Inc.	Small Group	3.3%	11.3%	8.0%	Wednesday, June 24, 2015, 9:00 – Noon	46
UHLC-130056286	UnitedHealthcare Insurance Company	Small Group	.9%	0.9%	0.0%	Thursday, June 25, 2015, 9:00 – Noon	96
UHLC-130057599	UnitedHealthcare of Oregon, Inc.	Small Group	-2.1%	-2.1%	0.0%	Thursday, June 25, 2015, 9:00 – Noon	96
ZOOM-130069181	Zoom Health Plan, Inc.	Individual	New to market	24.8%	24.8%	Thursday, June 25, 2015, 9:00 – Noon	96
ZOOM-130069331	Zoom Health Plan, Inc.	Small Group	New to market	20.3%	20.3%	Thursday, June 25, 2015, 9:00 – Noon	96