Executive Appointments Board Roster

Health Insurance Exchange Corporation, Oregon

Agency: Oregon Health Authority
Authorization: ORS 741.025
Members: Min: 9 Max: 9
Term Length: 4 years Limit: 2
Senate confirmation required? Yes

Policy Area: Health

Board Contact:
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Current Appointments:

Member Name and Address (Alphabetical)

Ken L Allen
Position Number: 3
Term(s): 01-01-2014 - 12-31-2017
10-01-2011 - 12-31-2013

Ken L Allen
Position Number: 3
Term(s): 01-01-2014 - 12-31-2017
10-01-2011 - 12-31-2013

Teri G Andrews
Consumer (6)(a)(C)
Position Number: 4
Term(s): 10-01-2011 - 09-30-2015

Elizabeth C Baxter
Consumer (6)(a)(B)
Position Number: 5
Term(s): 10-01-2011 - 09-30-2015

George J Brown, MD
Health Care Facility (5)(a)(C)
Position Number: 9
Term(s): 10-01-2011 - 12-31-2014

Laura N Cali
DCBS designee; Ex-officio (2)(b)
Position Number: 2
Term(s): 09-04-2013 -

Aelea Christofferson
Consumer (6)(a)(C)
Position Number: 6
Term(s): 10-01-2011 - 12-31-2014

Bruce W Goldberg, MD
Director of OHA; Ex-officio (2)(a)
Position Number: 1
Term(s): 10-01-2011 -

Executive Appointments Board Roster

Health Insurance Exchange Corporation, Oregon

Member Name and Address (Alphabetical) **Policy Area:** Health

Jose B Gonzalez
Consumer (6)(a)(B) Position Number: 7
Term(s): 01-01-2014 - 12-31-2017
10-01-2011 - 12-31-2013

Jose B Gonzalez
Consumer (6)(a)(B) Position Number: 7
Term(s): 01-01-2014 - 12-31-2017
10-01-2011 - 12-31-2013

Gretchen A Peterson
Consumer Member/Purchaser of Health Plans (5)(b) Position Number: 8
Term(s): 10-01-2011 - 09-30-2015

Executive Appointments Legislative Review
Compiled by Oregon Legislative Committee Services

OFFICE: **Health Insurance Exchange Corporation, Oregon**

APPOINTEES: **Ken Allen of Portland; Reappointment**
Jose Gonzalez of Salem; Reappointment

APPOINTMENT/CONFIRMATION AUTHORITY: **ORS 741.025**

TERM: Four-year terms; January 1, 2014-December 31, 2017

ECONOMIC INTEREST FILING (ORS 244.050): Not Required.

STATUTORY QUALIFICATIONS: **ORS 741.025**
Affirmative action policy: See ORS 182.100. Diversity criteria: See ORS 236.115.

- The Corporation consists of 9 member board of directors:
  - 2 ex officio voting members:
    - **Director**/Designee, Oregon Health Authority (GOLDBERG)
    - Director/Designee, Department of Consumer and Business Services (CALI)
  - 7 members who are appointed by the Governor, whom serve 4 year terms
    - No more than 2 of members may be:
      - Employed by consultants to or members of a board of directors of:
        - Insurer or third party administrator (PETERSON)
        - Insurance producer;
        - Health care provider, health care facility or health clinic (BROWN).
      - Members, board members, or employees of a trade association of:
        - Insurers or third party administrators
        - Health care provider, health care facility or health clinics
      - Health care providers, unless they receive no compensation for services a s health care providers and do not have ownership interests in professional health care practices.
    - At least 2 members shall be consumer members:
      - 1 consumer member must be an individual consumer purchasing qualified health plan through exchange (BAXTER**, GONZALEZ);**
      - 1 consumer member must be a small business employer purchasing a qualified health plan through the exchange (ANDREWS, CHRISTOFFERSON).
    - Board members serve at the pleasure of the Governor, but Governor may not remove more than 3 members within any 4-year period except for corrupt conduct in office;
    - Board members are eligible for no more than 2 reappointments;
    - Board members must be United States citizens and residents of the State of Oregon;
    - Demonstrated professional and community leadership skills and experience;
    - Represent the geographic, ethnic, gender, racial and economic diversity of this state; and
    - Collectively offer expertise, knowledge and experience in individual insurance purchasing, business, finance, sales, health benefits administration, individual and small group health insurance and use of the health insurance exchange.

DUTIES AND AUTHORITY ORS 741.027-741.255

The duties of the Oregon Health Insurance Exchange Corporation (Sections 3, 11 (4), and 17):

- The board may adopt rules necessary to carry out its mission, duties and functions.
- The board shall establish, impose, and collect, an administrative charge from all insurers and state programs participating in the health insurance exchange;
- Adopt a formal business plan for the corporation;
    - The corporation shall deliver and report to the formal business plan or draft business plan to be considered, the appropriate interim committees and to the Joint Committee on Ways and Means before the 2012 regular Legislative Session.
    - No later than February 1, 2012, the corporation shall deliver to the Legislative Assembly the formal business plan adopted by the board.
- Administer a health insurance exchange in accordance with federal law to make qualified health plans available to individuals and groups throughout this state;
- Provide information in writing, through an Internet-based clearinghouse and through a toll-free telephone line that will assist individuals and small businesses in making informed health insurance decisions, including:
    - Grade of each health plan as determined by the corporation and the grading criteria that were used;
    - Quality and enrollee satisfaction ratings; and
    - Comparative costs, benefits, provider networks of health plans and other useful information.
- Establish and make available an electronic calculator that allows individuals and employers to determine the cost of coverage after deducting any applicable tax credits or cost-sharing reduction;
- Screen, certify and recertify health plans as qualified health plans according to federal and state standards and ensure that qualified health plans provide choices of coverage;
- Decertify or suspend, in accordance with ORS chapter 183, the certification of health plans that fail to meet federal and state standards in order to exclude them from participation in the exchange;
- Promote fair competition of carriers participating in the exchange by certifying multiple health plans as qualified under section 11 of this 2011 Act;
- Grade health plans in accordance with criteria established by the U.S Secretary of Health and Human Services and by the corporation;
- Establish open and special enrollment periods for all enrollees, and monthly enrollment periods for Native Americans in accordance with federal law;
- Assist individuals and groups to enroll in qualified health plans, including defined contribution plans as defined in section 414 of the Internal Revenue Code and, if appropriate, collect and remit premiums for such individuals or groups;
- Facilitate community-based assistance with enrollment in qualified health plans by awarding grants to entities that are certified as navigators;
- Provide information to individuals and employers regarding the eligibility requirements for state medical assistance programs and assist eligible individuals and families in applying for and enrolling in the programs;
- Provide employers with the names of employees who end coverage under a qualified health plan during a plan year;
- Certify the eligibility of an individual for an exemption from the individual responsibility requirement of section 5000A of the IRS Code;
- Provide information to the federal government necessary for individuals who are enrolled in qualified health plans through the exchange to receive tax credits and reduce cost-sharing;
- Provide to the federal government:

(A) Information regarding individuals determined to be exempt from the individual responsibility requirement of section 5000A of the IRS Code;
(B) Information regarding employees who have reported a change in employer;
(C) Information regarding individuals who have ended coverage during a plan year; and
(D) Any other information necessary to comply with federal requirements.

- Take any other actions necessary and appropriate to comply with the federal requirements for a health insurance exchange; and
- The board shall adopt by rule uniform requirements, standards and criteria for the certification of qualified health plans.

<u>Administration of the Oregon Health Insurance Exchange Corporation (Sections 6 - 9):</u>

- The board shall select one of its members as chairperson and another as vice chairperson, for such terms and with duties and powers necessary for the performance of the functions of those offices as the board determines;
- The board shall meet at least once every three months at a place, day and hour determined by the board.
- The board shall appoint an executive director, whom serves at the pleasure of the board.
- The board shall establish an Individual and Employer Consumer Advisory Committee for the purpose of facilitating input from a variety of stakeholders on issues related to the duties of the corporation, the operation of the health insurance exchange and related issues.
    - The board shall determine the membership, terms and organization of the committee and shall appoint the members;
    - Members of the committee shall be representative of:
      (a) Individuals and employers that purchase health plans through the exchange;
      (b) Individuals who enroll in state medical assistance through the exchange;
      (c) Racial and ethnic minorities in this state;
      (d) All geographic regions of this state; and
      (e) Organizations that help individuals to enroll in health plans through the exchange, including insurance producers and advocates for hard-to-reach populations.
- The board may establish such advisory and technical committees as the board considers necessary to aid and advise the board in the performance of the board's functions; representation, membership, terms and organization of the committees and shall be determined by the board.

Revised November 6, 2013 Erin Seiler