COFA ADVISORY COMMITTEE

1. During its second meeting on May 25, 2016, the committee approved:
   - The premium payment workflow between DCBS and the carriers.
   - The out-of-pocket payment model between DCBS and the program enrollees.
   - The high-level plan for the outreach and education campaign.
2. The next meeting will be Wednesday, June 29, 2016, from 10:30 a.m. to noon. The primary item on the agenda will be the proposed administrative rules for the program.

PROGRAM DEVELOPMENT

WORKING TIMELINE AND STATUS

<table>
<thead>
<tr>
<th>MONTH</th>
<th>TASK/MILESTONE</th>
<th>BY</th>
<th>STATUS</th>
</tr>
</thead>
<tbody>
<tr>
<td>April</td>
<td>12: Convene Advisory Committee</td>
<td>OHIM</td>
<td>Complete</td>
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<tr>
<td></td>
<td>14: Convene outreach and education work group</td>
<td>OHIM</td>
<td>Complete</td>
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<tr>
<td>May</td>
<td>20: Release COFA Community Partner Request for Grant Proposals</td>
<td>OHIM</td>
<td>Complete</td>
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<td></td>
<td>Finalize reporting requirements, format, and other logistics</td>
<td>OHIM and Carriers</td>
<td>Complete</td>
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<tr>
<td>June</td>
<td>Begin drafting administrative rules</td>
<td>OHIM and Department of Justice (DOJ)</td>
<td>Complete</td>
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<td></td>
<td>10: Close COFA Community Partner Request for Grant Proposals</td>
<td>OHIM</td>
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<tr>
<td></td>
<td>Finalize premium payment workflow and payment mechanism</td>
<td>OHIM, DCBS Central Services Division (CSD), Treasury, and carriers</td>
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<tr>
<td>July</td>
<td>15: Award COFA Community Partner Grant</td>
<td>OHIM</td>
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<tr>
<td></td>
<td>Finalize in-network out-of-pocket payment workflow and payment mechanism</td>
<td>OHIM, CSD, and Treasury</td>
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<td></td>
<td>Begin development of outreach and education materials</td>
<td>OHIM</td>
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<tr>
<td>Month</td>
<td>Activity</td>
<td>Responsible Party(s)</td>
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<td>--------------------------------------------------------------------------</td>
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<tr>
<td>August</td>
<td>23: Lock binders</td>
<td>DFR and carriers</td>
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<td></td>
<td>Execute 2017 carrier contracts</td>
<td>OHIM and carriers</td>
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<td></td>
<td>Finalize program network infrastructure and IT needs</td>
<td>OHIM and DCBS IT&amp;R</td>
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<td>September</td>
<td>Finalize administrative rules</td>
<td>OHIM and DOJ</td>
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<td></td>
<td>Launch outreach and education campaigns</td>
<td>OHIM</td>
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<td></td>
<td>Hold program-specific trainings</td>
<td>OHIM</td>
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<td>October</td>
<td>Begin accepting applications for program</td>
<td>OHIM</td>
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<td>4: Execute CMS agreements and release final Qualified Health Plan list</td>
<td>Centers for Medicare and Medicaid (CMS) and carriers</td>
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<td></td>
<td>7: Release 2017 program-eligible plans</td>
<td>OHIM</td>
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<tr>
<td>November</td>
<td>1: Open enrollment starts</td>
<td>OHIM</td>
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<tr>
<td>December</td>
<td>15: Last day to enroll in a program-eligible plan at HealthCare.gov for 1/1/17 effective coverage</td>
<td>OHIM</td>
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<tr>
<td></td>
<td>30: Begin disbursements of premium payments to carriers</td>
<td>OHIM</td>
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<tr>
<td>2017</td>
<td>Jan. 31: Last day of open enrollment</td>
<td>OHIM</td>
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<td></td>
<td>Ensure timely disbursement of premium payments and in-network out-of-pocket payments</td>
<td>OHIM</td>
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<td></td>
<td>Conduct other program oversight and monitoring tasks</td>
<td>OHIM</td>
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<td></td>
<td>Dec. 31: Submit report to the Legislative Assembly</td>
<td>OHIM</td>
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**KEY PERFORMANCE INDICATORS**

Baseline program key performance indicators have been completed and are as follows:

*Unless marked with an "*", metrics will be the sum of all numbers between the Marshall Islands, Micronesia, and Palau.*
<table>
<thead>
<tr>
<th>METRIC</th>
<th>NOTES</th>
<th>SOURCE</th>
<th>FREQUENCY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total number of program applicants</td>
<td></td>
<td>Program manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Total number of program applicants assessed as potentially eligible for the program</td>
<td>Based on annual income and pending proof of enrollment at HealthCare.gov</td>
<td>Program manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Total number of program applicants assessed as ineligible for the program</td>
<td>Based on annual income and pending proof of enrollment at HealthCare.gov</td>
<td>Program manager</td>
<td>Monthly</td>
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<tr>
<td>Total number of enrollees during open enrollment</td>
<td></td>
<td>Program manager</td>
<td>Monthly</td>
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<tr>
<td>Total number of enrollees during special enrollment period</td>
<td></td>
<td>Program manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Total number of enrollees</td>
<td></td>
<td>Program manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Total number of program disenrollees</td>
<td></td>
<td>Program manager</td>
<td>Monthly</td>
</tr>
<tr>
<td>Total number of plan termination/cancellations</td>
<td>834 codes: 03, 07, 14, 24, AI</td>
<td>Carriers</td>
<td>Monthly</td>
</tr>
<tr>
<td>Total number of in-network claims</td>
<td>Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)</td>
<td>Carriers</td>
<td>Biannually</td>
</tr>
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<td>Total amount of in-network claims</td>
<td>Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)</td>
<td>Carriers</td>
<td>Biannually</td>
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<td>Total number of out-of-network claims</td>
<td>Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)</td>
<td>Carriers</td>
<td>Biannually</td>
</tr>
<tr>
<td>Total amount of out-of-network claims</td>
<td>Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)</td>
<td>Carriers</td>
<td>Biannually</td>
</tr>
<tr>
<td>Total amount spent for premiums</td>
<td>Program manager</td>
<td>Monthly</td>
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<tr>
<td>Total amount spent for in-network out-of-pocket costs</td>
<td>Program manager</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Total number of in-network out-of-pocket transactions for payment or reimbursement</td>
<td>Program manager</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Total number of cases for issue resolution</td>
<td>Outreach Center manager</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Total number of materials printed and distributed *</td>
<td>Program manager</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Total number of applicants helped</td>
<td>Community partner grantee</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Average cost per program enrollee *</td>
<td>Community partner grantee</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Total number of events *</td>
<td>Community partner grantee</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Total number of attendees at events *</td>
<td>Community partner grantee</td>
<td>Monthly</td>
<td></td>
</tr>
<tr>
<td>Total number of enrollees at events</td>
<td>Community partner grantee</td>
<td>Monthly</td>
<td></td>
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<tr>
<td>Website analytics</td>
<td>Communications manager</td>
<td>Monthly</td>
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*as of 05.23.2016

**PREMIUM PAYMENT WORKFLOW**

The Marketplace consulted with all the carrier companies to generate a premium payment workflow that does all of the following:

- Recognizes and works with HealthCare.gov’s timelines to ensure that enrollees get enough time to enroll in a standard silver-level 94 percent actuarial value (AV) plan that best fits their needs
- Aims to submit all first month’s premium payments to the carriers by no later than the first of the month to ensure that the COFA enrollee’s policy is effectuated and active
- Allows for the Marketplace and the carrier companies to share enrollment data for program operations and performance tracking

All premium payments will be transmitted through an automated clearing house (ACH) payment transaction. DCBS Central Services Division will begin establishing the necessary banking connections in June.

**OUT-OF-POCKET PAYMENTS**

The program will be using a reimbursement model for in-network out-of-pocket costs.
If plan design remains similar to those of 2016, some of the estimated costs the enrollee may incur at time of service include:

- Generic drugs = $5
- Preferred brand drugs = $10
- Primary care visit to treat an injury or an illness = $10
- Specialist visit = $20
- Urgent care centers or facilities = $30
- Emergency room services = 10 percent co-insurance after deductible
- Emergency transportation/ambulance = 10 percent co-insurance after deductible
- Inpatient hospital services = 10 percent co-insurance after deductible
- Inpatient physician and surgical services = 10 percent co-insurance after deductible
- Skilled nursing facility = 10 percent co-insurance after deductible
- Prenatal and postnatal care = 10 percent co-insurance after deductible

Requests for reimbursement may be submitted at least once a month or $50, whichever comes sooner.

For reimbursement payments, the Marketplace is working with the Department of Treasury to determine viability of a debit card with a Visa or MasterCard logo. Analysis is estimated to be completed by the end of June.

OUTREACH AND EDUCATION

CAMPAIGN GOALS

1. Drive enrollment in the program for those eligible.
   - Metric: Number of enrollees

2. Determine health literacy levels of the eligible population to set a benchmark for future campaigns.
   - In future years, the goal will be to ensure high health literacy levels to allow participants to get the most out of their insurance.
   - Metric: Survey data measuring health literacy before enrollment and after program participation

AUDIENCES

1. PRIMARY: Eligible COFA islanders (approximately 1,000 to 1,500 individuals)
2. SECONDARY: Program stakeholders

KEY MESSAGES

The campaign aims for the eligible individuals to:

1. BE AWARE OF THE PROGRAM
   - What is the COFA Premium Assistance Program? What does it do?
   - How is it different from Medicaid/Oregon Health Plan?
   - Who is eligible?

2. UNDERSTAND HOW THE PROGRAM WORKS
   - How do I sign up for the program?
• What is a “tax household”?
• How do I enroll in a health insurance plan through HealthCare.gov?
• Are there any documents I would need to submit?
• What do I need to do to make sure I remain eligible for the program?
• What are life changes? How do I report them?
• How do I sign up for the program next year?
• What do I need to do during tax filing time?

3. UNDERSTAND HOW THEIR INSURANCE WORKS
• How does health care work in the United States?
• What health care and health insurance language should I know?
• What’s covered in my plan?
• What happens after I’ve reached my maximum out-of-pocket costs?
• What do I need to do to make sure I don’t lose my health insurance?
• Where should I go for health care services?
• How do I set up an appointment with my health care provider?
• When receiving services, what should I think about and what questions should I ask?
• How should I follow up after I’ve received services?
• How does billing work?

4. KNOW WHOM TO CONTACT FOR HELP ABOUT:
• The program (DCBS or its community partners)
• HealthCare.gov (the HealthCare.gov call center)
• Their insurance (their insurance carrier, and, if need be, the Division of Financial Regulation)
• Their care (providers)

CAMPAIGN ACTIVITIES

<table>
<thead>
<tr>
<th>CATEGORY</th>
<th>LEAD</th>
<th>SPECIFIC TACTICS WILL INCLUDE</th>
<th>TARGET START</th>
</tr>
</thead>
<tbody>
<tr>
<td>Consumer materials</td>
<td>Metropolitan Group</td>
<td>• Develop materials in English and other languages* in both paper or electronic form</td>
<td>July 2016</td>
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<tr>
<td></td>
<td></td>
<td>a. General fact sheet with infographic on application process</td>
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<td>b. An animated video guide will be developed in English and other languages* for online distribution and use for events</td>
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<td>c. A partner toolkit that includes the fact sheet and video plus sample e-newsletter/email copy, social media posts, and talking points</td>
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<td>d. Other materials as necessary</td>
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<td>• Update list of materials after first convening with ambassadors (if needed)</td>
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<td>• Source out translation services to community partners, COFA Advisory</td>
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<tr>
<td>Committee members, and DCBS</td>
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<tr>
<td>• Budget estimate: $30,000</td>
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<table>
<thead>
<tr>
<th>Stakeholder outreach and support</th>
<th>DCBS</th>
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<tbody>
<tr>
<td>• Use stakeholder communication networks to reach eligible individuals</td>
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<tr>
<td>• Provide information toolkits for key stakeholders, such as APANO, CANN, CMS, community partners, consulates, DFR, faith-based organizations, health care providers, insurance agents, carriers, OHA, and school districts</td>
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<tr>
<td>• Provide OHP Enrollment Event support to OHA</td>
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<tr>
<td>• Budget estimate: $5,000</td>
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<table>
<thead>
<tr>
<th>Program ambassadors</th>
<th>DCBS</th>
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<tbody>
<tr>
<td>• Work with COFA Advisory Committee and grantee to identify and develop roster of key community members and grassroots volunteers to serve as program ambassadors.</td>
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<tr>
<td>• Host an introductory convening to outline program goals, discuss the “ask” of ambassadors, review draft materials, and answer questions</td>
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<tr>
<td>• Host calls/meetings to provide updates; share success stories and best practices and answer questions</td>
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<tr>
<td>• Provide outreach materials.</td>
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<td>• Budget estimate: $3,000</td>
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<thead>
<tr>
<th>COFA program outreach and education grant</th>
<th>COFA community partner grantee</th>
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<tbody>
<tr>
<td>• Provide in-person help to eligible individuals.</td>
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<td>• Implement outreach tactics outlined in grant contract.</td>
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<tr>
<td>• Plan and implement enrollment events</td>
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<td>• Budget: $40,000</td>
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<tr>
<th>Agent and community partner training</th>
<th>DCBS</th>
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<tr>
<td>• Provide in-person and online training on program overview and other specifics</td>
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<tr>
<td>• Aim to provide continuing education credits for agents</td>
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<tr>
<td>• Invite agents to sign up to be program partner agents.</td>
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| Conduct initial outreach: August 2016 |
| Distribution materials: late August - September |
| First convening: July 2016 |
| Second convening: September 2016 |
| Third convening: November 2016 |

| RFP release: May 20, 2016 |
| RFP closing: June 10, 2016 |
| Contract award (approx.): July 15, 2016 |
| Contract start: September 1, 2016 |

| September/October 2016 |
signups available at the Marketplace agent summits slated for September 2016 and through email announcements.

- Provide materials and ongoing support as needed.
- Budget estimate: $3,000

* Languages other than English will most likely include Marshallese, Palauan, and Chuukese. DCBS will also consider translations into Kosraean, Pohnpeian, Yapese, and Woleaian, as appropriate.