



MAC eligibility and enrollment platform discussion summary from September 20, 2018

At the Marketplace Advisory Committee (MAC) meeting on Sept. 20, 2018, the committee engaged in a group exercise to discuss the six mission statements of the exchange (marketplace) found in Senate Bill 1 from 2015 (which is now ORS [741.001](#)), and determine if the committee feels the current federal enrollment and eligibility platform meets the needs or intent of each mission statement.

ORS 741.001 states the intent of the legislative assembly for the administration of the marketplace in six sections, and each of the six were written on a flip chart. The committee split into groups to discuss each of these sections, and each group wrote its ideas on large format paper in two columns: yes, ways in which the federal platform meets the requirements of the section; and no, ways in which it does not. At the end of the exercise, the committee regrouped to discuss the outcomes.

(1) Incorporate the goals of improving the lifelong health of all Oregonians, increasing the quality, reliability and availability of health insurance for all Oregonians and lowering or containing the cost of health insurance so that health insurance is affordable to everyone.

Healthcare.gov – Yes	Healthcare.gov - No
Access = better outcomes “partly”	Not reaching all Oregonians because we do not have access to enrollment data
More people enrolled	Can’t collect information needed – limits effectiveness of outreach
Become more reliable w/time	Not affordable to everyone
	People choosing affordability over health care
	Availability of providers across networks has dropped

Additionally: The federal platform does not offer metrics to help with a deep dive into the underlying costs of health insurance – cost of care, causes of medical inflation, utilization patterns, etc.

Discussion points:

- The nature of this section is so broad that it makes it difficult to determine if *any* platform could adequately address some of these items.

(2) Promote the public interest and for the benefit of the people and businesses that obtain health insurance coverage for themselves, their families and their employees through the exchange.

Healthcare.gov – Yes	Healthcare.gov - No
Technology works for most	Not achieving SHOP mission
	Underserved populations face difficulty enrolling on their own
	No integration with OHP to minimize churn
	Limitations serving specific needs of Oregonians
	Tied to risk of federal policy changes, government shutdown, enrollment times
	Does not work for SHOP/business enrollment

Discussion points:

- The federal technology is meeting the basic premise of this section, but there is room for improvement.

- The current platform does not offer small business options for Oregonians (SHOP). This should be a consideration going forward, regardless of platform.
- Efficiently managing the churn between the Oregon Health Plan (OHP) and qualified health plans (QHPs) sold through the marketplace has been an ongoing goal of the multiple entities involved. Integrations or collaborations between the Medicaid and QHP systems would be necessary.

(3) Empower Oregonians by giving them the information and tools they need to make health insurance choices that meet their needs and values.

Healthcare.gov – Yes	Healthcare.gov - No
Somewhat, but needs improvement	No integration of drug formularies, provider network information
	No calculator to input real medical scenarios to get associated insured costs

Discussion points:

- The federal platform does offer some shopping and plan comparison tools, but more comprehensive options would make consumers’ choices more informed
- Consumers really lack widely available tools to estimate actual medical costs for common visits, procedures, drugs, etc., which makes guessing the true cost of care difficult
- Medicare has a scenario/coverage cost calculator specific to insurers, benefits, and provider networks, so this is possible

(4) Improve health care quality and public health, mitigate health disparities linked to race, ethnicity, primary language and similar factors, control costs and ensure access to affordable, equitable and high-quality health care throughout this state.

Healthcare.gov – Yes	Healthcare.gov – No
There have been some health insurance literacy efforts	No access to the information/metrics related to this – quality scores, incentives for plans, etc.
Spanish language website available	Lack of outreach funds to specific communities; e.g., Central Latino
	Difficult to access for different immigrant types
	No culture-specific recommendations when selecting a plan or provider
	Person/enrollee preference data is not transferred to Oregon plans or providers
	Lack of trained customer service reps (CSR) in federal call center lowers trust

(5) Be accountable to the public.

Healthcare.gov – Yes	Healthcare.gov – No
	Risk and cost escalation
	Want transparency in where Oregon’s money goes [for E&E platform and support], control of how it’s used
	More open, control over data access, quality information, consumer outreach data, performance statistics
	Want grievance & appeals process that can respond in time to meet consumer health needs
	Timeliness of information

	Ability to respond to unanticipated events quickly
	Accommodate differences in Oregon Health Plan and Marketplace policies and timelines
	Serve mixed status (Medicaid and QHP eligible) families
	Protect immigration status data
	Realtime enrollment caps for carriers
	Additional subsidy programs and risk adjustment

Discussion points:

- All of the items identified in this section were aspects missing or lacking in the current platform, and placed in the “no” column.
- The federal platform and CMS do not provide data that informs accountability to the public generally, and is not directly accountable to Oregon or Oregonians.

(6) Encourage the development of new health insurance products that offer innovative: (a) Benefit packages for the coverage of health care services; (b) Health care delivery systems; and (c) Payment mechanisms

Healthcare.gov – Yes	Healthcare.gov - No
Payment mechanisms (c) would remain the same	Current platform does not allow for any innovation for (a) or (b)
	Capability to send and receive feedback via the platform
	Nimble
	Customizable
	Filters

Discussion points:

- How could a different technology platform “Encourage the development of new health insurance products”?
 - o The ability to customize what a consumer sees in terms of the features and benefits, or value based care rating that may differentiate the plans is limited
 - o Carriers that require some kind of provider selection at the time of plan selection could have that integrated into the enrollment process
 - o Programs specific to Oregon consumers, ability to be flexible to implement state insurance initiatives
 - o Ability to implement unique initiatives such as Medicare for All

Summary:

- The committee proposed to think about these concepts in terms of four focus areas:
 1. Functionality
 2. Cost
 3. Program impact
 4. Consumer impact
- There may be some value in considering these concepts in terms of what is needed now, as opposed to in the long term for yet-to-be-determined initiatives and innovations
- The committee proposed moving forward with an “environmental scan”
- Two of the five states that are state-based on the federal platform (SBM-FP) are engaged in processes to contract with vendors for a new state-based technology
- Marketplace staff will seek out some comparisons with other states to lay the groundwork for the updated analysis
- The Marketplace will also make contact with other state exchanges to seek availability of representatives to answer questions about their experiences with shifting to or seeking out new state enrollment and eligibility technology