Committee Member Agenda
Oregon Health Insurance Marketplace
Advisory Committee Meeting
Riverhouse on the Deschutes, Deschutes North Room
3075 U.S. 97 Business – Bend, OR 97703
Wednesday, Sept. 14 - 11 a.m. to 3 p.m.

Phone: 1 (877) 309-2074
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Time	Topic	Discussion, updates, or recommendation	Presenter
11-11:15	Welcome, introductions and approval of minutes		Dan Field Committee chair
11:15-11:30	Subcommittee Reports	Updates	Dawn Jagger Federal policy liaison Berri Leslie Marketplace Administrator
11:30-12:15	Open Enrollment Outreach Plan	Discussion	Joel Metlen Communications Manager
12:15-12:30	National Insurance Market	Presentation	Sabrina Corlette, Professor Center on Health Insurance Reforms Georgetown University
12:30-1:45 *Lunch will be served	Oregon Market Stability	Discussion	Laura Cali Oregon Insurance Commissioner
1:45-2:30	Pregnancy as a Special Enrollment Period	Discussion	Dawn Jagger Federal Policy Liaison Hannah Rosenau Oregon Foundation for Reproductive Health
2:30-3	Public comment		
Adjourn			

Meeting Minutes

Oregon Health Insurance Marketplace Advisory Committee Meeting
Thursday, June 9, from 1 to 4 p.m.
Worksource Oregon Lane County
2510 Oakmont Way, Eugene, OR 97401

Committee members present: Shonna Butler, Cindi Condon, Joe Enlet (by phone), Dan Field, Joe Finkbonner, Jim Houser, Lora Lawson, Sean McAnulty, Jesse O'Brien, Shanon Saldivar, Maria Vargas, Patrick Allen (ex-officio), Mark Fairbanks (ex-officio, by phone)

Members excused: Ken Provencher, Claire Tranchese

Agenda item and time stamp	Discussion
Welcome and introductions	The committee members present introduced themselves; in addition to the committee members, other attendees included: Berri Leslie, Marketplace administrator; Katie Button, Marketplace plan management analyst; Dawn Jagger, Marketplace federal liaison; Michael Morter, Marketplace agent and small business liaison; and Chiqui Flowers, Marketplace COFA Program manager
Review of Minutes	- Ms. Condon asked about details from the May 9 advisory meeting regarding the overall marketing strategy and the value of marketing dollars spent on a decreasing percentage of eligible people that are not enrolled. Ms. Leslie explained that the marketing budget is constantly being adapted to changing market conditions, and that better planning can be done as we collect more data. There are specific, underserved populations that can be targeted directly, and also consideration that if there is no apparent value in advertising at a given time, that those funds could be shifted to education on how to use health insurance or other Marketplace efforts. - The committee moved and voted unanimously to approve the April 7, 2016, minutes. - The committee moved to approve the May 9, 2016, minutes. The committee decided that one particular phrase did not accurately capture what was discussed at that time. Under the second-to-last bullet under the "RFP Report and Analysis" header, the committee agreed to remove the phrase: "…Mr. Field commented that, based on the discussion, it seemed that the majority of the committee would like to explore an eventual move to a state-based technology platform, with an indeterminate timeframe." With that change, the committee voted to approve the May 9 minutes unanimously, as amended.
Legislative Update	- Mr. Allen spoke to the committee about his conversations with legislators regarding the advisory committee generally, the results of the technology platform RFP discussion from June 9, 2016, and other Marketplace-related topics. The legislators appreciated the committee's detailed approach to analyzing topics, and did not have any large asks of the committee.

	- Ms. Condon asked if legislators are having any discussions about a single payer program, as the Oregon Health Authority (OHA) currently has a workgroup looking at this topic. Mr. Allen responded that, while the single payer topic is an important part of an ongoing conversation, one of the largest unknowns is the path to implementation of this kind of program. This is related to the more immediate concern of the instability of the individual health care market, as health care costs continue to rise, carriers move out of certain geographic areas, or out of the state altogether, and what role the Marketplace and DCBS will play in stabilizing that market going forward. - Mr. O'Brien suggested that a 1332 waiver might be used to allow Oregon to implement a public option in the future, should it choose to do so. The committee agreed that it would like to be updated with the progress of the OHA public option workgroup.
BHP Subcommittee report	- Ms. Jagger discussed the progress of the Basic Health Plan (BHP) advisory committee created by HB 4017 of the 2016 session. - The ACA had provisions for states to create their own basic health plans to help with health insurance affordability for people whose income falls below 200 percent of the federal poverty level (FPL). - OHA had previously done an analysis on this concept for Oregon completed in 2014. - HB 4017 charged DCBS to update the 2014 OHA analysis with new population estimates, and taking the recommendations of the OHA workgroup and apply them to the updated population estimates. - Actuarial analysis and report has been done by Wakely Actuarial services, which will present a draft of the report at the first BHP subcommittee meeting. - Wakely will provide a variety of possible implementation approaches. - A BHP program may also impact the insurance market, and the Marketplace itself, along with the fees collected from insurers. - Part of DCBS's task is to develop a policy report, which will include the concerns and comments regarding the results of the actuarial report, and comparisons and case studies of other states. - The committee would like to consider dedicating a meeting to this once the BHP subcommittee has had a chance to meet a few times, and also would like to hear directly from BHP advocates.
Small Business Outreach and Support	- Presentation from Ms. Button on the Oregon Small Employer Health Options Program (SHOP), a program for small employers to buy health insurance through the Marketplace for their employees. Many of the discussion points and information can be found in this document on the Marketplace Advisory Committee website: Marketplace Advisory Committee SHOP Overview - "SHOP Presentation 6-9-16" PowerPoint presentation on advisory committee website. Discussion highlights: - Oregon has direct-enroll SHOP, which means that employers enroll directly through insurance carriers through agents, instead of through a technology-based website platform. - The federal technology platform is currently unable to accommodate Oregon's SHOP premium rating methodology. - Participation rates in SHOP across states generally is very low.

- Estimates for the implementation of an automated SHOP technology platform are very costly, averaging $13 million, and there is uncertainty that the participation would justify the investment.
- There are no changes planned for the moment for Oregon's direct-enroll SHOP program, but the marketplace will continue to explore small business options on an ongoing basis.

Break

COFA Implementation

- Related materials on the advisory committee website:
  - Marketplace Advisory Committee Update: June 2016 COFA Premium Assistance Program
  - 2016-17 COFA Premium Assistance Program Advisory Committee
- Presentation from Ms. Flowers regarding the Compact of Free Association (COFA) Premium Assistance Program. COFA is a compact between the United States and the Confederated states Micronesia, the Republic of the Marshall Islands, and the Republic of Palau.
- HB 4071 established a premium assistance program to help pay for premiums and out-of-pocket costs for qualified COFA citizens.
- Citizens of these countries are ineligible for Medicare, but are still eligible for tax credits and cost share reductions (CSR) if enrolling in QHPs through the marketplace.
- The program will pay for premiums after tax credits and CSR, and be built on a reimbursement model to pay for and in-network co-pays and out-of-pocket costs.
- Community partners have been engaged with targeted grants, and will be critical in helping this population enroll through the program.
- Planning for this first year program has been difficult without baseline data, but the committee will be engaged on an ongoing basis as future budget and program planning will be able to use year one baseline data.

Meeting Adjournment The committee adjourned the meeting at 3:55 p.m.

***** Meeting materials are found on the Oregon Health Insurance Advisory Committee website: http://healthcare.oregon.gov/Pages/him-committee.aspx

Basic Health Program Subcommittee Update

House Bill 4017 Summary

The Affordable Care Act gives states the option to establish a Basic Health Program (BHP) to replace Qualified Health Plan (QHP) coverage through the Marketplace for people in households less than 200 percent of the federal poverty level (FPL).

House Bill 4017 directs the Department of Consumer and Business Services to consider and address a number of BHP stakeholder recommendations and to secure an update to the Wakely Consulting Group and Urban Institute "Oregon Basic Health Program Study" from 2014. DCBS has secured a contract for this update with Wakely (in partnership with Urban Institute) and the update will reflect the changes in assumptions recommended by the 2015 BHP stakeholder workgroup.

Wakely BHP deliverables and BHP Subcommittee schedule:

- **July 29, 2016**
  - Wakely deliverable: Draft 2016 BHP study report that addresses and considers the 2015 BHP stakeholder recommendations, updates the 2014 BHP study assumptions and conclusions, and includes updated population estimates for BHP-eligible people.

- **Aug. 3, 2016: BHP Subcommittee meeting**
  - Wakely actuaries participated in a BHP Subcommittee meeting to present, discuss and answer questions about their study update. Subcommittee members had until 8/26 to ask additional questions before Wakely issues the next draft of their report.

- **Sept. 7, 2016**
  - Wakely deliverable: Wakely actuaries expect to deliver responses to additional DCBS-requested follow-up questions to their draft 2016 BHP study report.

- **Sept. 9, 2016: 9 to 11:30 a.m., BHP Subcommittee meeting**
  - Wakely actuaries will provide updates and answers to follow-up questions from the first BHP Subcommittee meeting. OHIM will present a response to legislative question "What problems are we trying to solve?" and an outline of its draft policy report for BHP Subcommittee feedback. The final policy report will include a response to the Wakely BHP report update, BHP Subcommittee considerations and concerns regarding BHP in Oregon, other states' experiences with operating a BHP and findings from states that considered and rejected a BHP, and any other information related to BHP that may be helpful to the Advisory Committee and legislators.

- **Week of Oct. 3, 2016: BHP Subcommittee meeting (TBD)**
  - Wakely will present final BHP update. DCBS will present its final policy report.

- **Nov. 9, 2016: OHIM Advisory Committee meeting**
  - OHIM staff and OHIM Advisory Committee members participating on the BHP Subcommittee will present the final policy report and draft BHP blueprint to the OHIM Advisory Committee.

Marketplace Advisory Committee Update: September 2016
COFA PREMIUM ASSISTANCE PROGRAM

COFA ADVISORY COMMITTEE

1. During its Aug. 31, 2016, meeting, the committee provided feedback for the following:
   - Drafts of outreach and education materials
   - Proposed training for agents, community partners, and carriers
   - Approved work plan for COFA Alliance National Network's grant as the COFA Community Partner
2. The next meeting will be **Wednesday, Sept. 28, 2016, from 10:30 a.m. to noon.** The primary item on the agenda will be outreach and education campaigns.

WORKING TIMELINE AND STATUS

MONTH	TASK/MILESTONE	BY	STATUS
June	Begin drafting administrative rules	OHIM and Department of Justice (DOJ)	Complete
	10: Close COFA Community Partner Request for Grant Proposals	OHIM	Complete
July	Award COFA Community Partner Grant	OHIM	Complete
	Begin development of outreach and education materials	OHIM	Complete
August	23: Lock binders	DFR and carriers	Complete
September	Finalize administrative rules	OHIM and DOJ	Set to be final on Sept. 6
	Launch outreach and education campaigns	OHIM	Complete
	Finalize in-network out-of-pocket payment workflow and payment mechanism	OHIM, CSD, and Treasury	In progress
	Finalize program network infrastructure and IT needs	OHIM and DCBS IT&R	In progress
	10: Conduct program outreach and education activities during MIC Celebration Day	CANN	
	13: Hold program-specific trainings for agents and community partners	OHIM	

	24: Conduct program outreach and education activities at CANN Retreat	CANN	
	28: Hold COFA Program Advisory Committee meeting	COFA AC co-chairs	
	29: Hold program overviews for volunteers and general public	OHIM	
October	Begin accepting applications for program	OHIM	
	1: Conduct program outreach and education activities during APANO's convention	CANN	
	1: Conduct program outreach and education activities at a Salem church	CANN	
	4: Execute CMS agreements and release final QHP list	CMS and Carriers	
	7: Release 2017 program-eligible plans	OHIM	
	13: Hold program-specific trainings for agents and community partners	OHIM	
	14-15: Hold application events in La Grande	OHA and CANN	
	22: Hold application event in Salem	OHA and CANN	
	29: Hold application event in Portland	OHA and CANN	
	Hold Health Care Interpreter Training cohort	OHIM and OEI	
November	1: Open enrollment starts		
	1: Conduct program outreach and education activities at a Salem/Keizer park or church	CANN	
	5: Conduct program outreach and education activities in Eugene	CANN	
	5: Conduct program outreach and education activities in the Portland area	CANN	
	12: Hold COFA health enrollment event in La Grande	CANN	
	14: Conduct program outreach and education activities in the Portland area	CANN	
	19: Conduct program outreach and education activities at a Salem/Keizer park or church	CANN	

December	15: Last day to enroll in a program-eligible plan at HealthCare.gov for 1/1/17 effective coverage		
	Conduct program outreach and education activities in Eugene	CANN	
	30: Begin disbursements of premium payments to carriers	OHIM	
2017	Conduct program outreach and education activities in Eugene	CANN	
	Jan. 31: Last day of open enrollment	OHIM	
	Ensure timely disbursement of premium payments and in-network out-of-pocket payments	OHIM	
	Conduct other program oversight and monitoring tasks	OHIM	
	Jan. 31: Submit report to the Legislative Assembly	OHIM	

COFA RULES

The Marketplace executed the prescribed process to establish Oregon Administrative Rules for the program. These rules establish the requirements for participation in the COFA Premium Assistance Program mandated by Oregon Laws 2016, Chapter 94. The rules define necessary terms, both those used in the statute and the rules. The rules set out the timeline for submission of an application to participate in the program, authorize the department to obtain the necessary information from third parties to verify eligibility in the program and eligibility for reimbursement, set out the requirements applicable to the department related to its processing of applications and payment of cost-sharing and premiums, and provide appeal rights to program applicants and participants subject to an adverse decision by the department.

With no additional comments received from stakeholders, rules in OAR 945-060-0000, 945-060-0005, 945-060-0010, 945-060-0015, 945-060-0020, 945-060-0025, 945-060-0030, 945-060-0035, and 945-060-0040 are set to be finalized on Sept. 6, 2016.

Oregon Health Insurance Marketplace

2017 Open Enrollment
Outreach and Education Campaign

Presentation

by

Joel Metlen
Communications and Legislative Manager
DEPARTMENT OF CONSUMER & BUSINESS SERVICES

Overview

- The campaign will run Nov. 1, 2016 – Jan. 31, 2017.
- Our budget will be the same as last year, $2 million.
- Our goals will also be the same as last year:
  - Maintain our market share
  - Get people to actively reenroll
  - Continue to build trust
- All goals have multiple Key Performance Indicators (KPIs) to help us measure the effectiveness of our campaign.

Messages

- Shop to find the plan that fits your budget and needs. Options have changed.
- Financial help is available.
- Free, local help from an expert is available.
- Information on the penalty vs. getting insured.
- Avoiding medical debt.

Tactics

Tactics will target all QHP eligible and/or niche audiences within that larger audience (millennials, Latinos, etc.)

1. Digital ads (search, etc.)
2. Video (Hulu)
3. Radio (Pandora)
4. Outdoor (college campus)
5. Earned media
6. Targeted newspaper ads
7. Materials for consumers
8. Social media
9. Promotional partnerships
10. Email and snail mail marketing (TBD)
11. Technical support for agents, community partners, and outreach team (events, materials, mini-campaigns)

Special Considerations

- Providing more local help through agents and partners
- Reaching Latinos and millennials
- Providing support for rural audiences with limited options
- Targeting counties with large numbers of eligible uninsured (Clackamas, Deschutes, Columbia, Lincoln, Clatsop, Tillamook, Linn, Benton, Yamhill, Polk, Portland/Multnomah)

Table 1. Health Insurance Enrollment by Coverage Type, Q2 2016*

Type of Insurance	Enrollment	% of Total Enrollment
Private		
Nongroup		
On Exchange	129,906	3.3%
Off Exchange (Direct Enrollment)	105,437	2.7%
Total, Nongroup	**235,343**	**6.0%**
Group		
Small Group (On and Off Exchange)	162,918	4.2%
Large Group	582,610	14.9%
ATMs	139,151	3.6%
Student	16,547	0.4%
Self Insured	748,684	19.2%
Stop Loss Only	169,051	4.3%
Total, Group	**1,818,961**	**46.6%**
Public		
Medicaid	976,500	25.0%
CAWEM	45,100	1.2%
Original Medicare	429,465	11.0%
Medicare Advantage	336,781	8.6%
Tricare & Other Fed	64,709	1.7%
Total, Public	**1,852,555**	**47.4%**
Total Enrollment	**3,906,859**	**100.0%**

Notes: Due to some of the reasons specified below, figures do not represent percent of total Oregon population, only percent of total enrollment.

- There is chance for duplicative counting due to dual coverage
- Self Insured is not a full depiction due to ERISA, entities that only manage/administer Self Insured business are not obligated to report enrollment data
- Medicaid and CAWEM data provided by OHA
- Medicare data received from CMS using Medicare Enrollment Dashboard

Table 2. PEBB and OEBB Enrollment, 2016

Program	Enrollment	% of Total Enrollment
PEBB	135,890	3.5%
OEBB	130,268	3.3%
Total	**266,158**	**6.8%**

Notes:

- In 2015, approximately 80% of PEBB enrollees were in the self insured market and 20% were enrolled in a large group product; all of OEBB was enrolled in large group.
- OEBB data is as of March 2016, all else is more current (June/July)

Marketplace and Direct Enrollment

March 2016 coverage month; April 2016 report

Plan type	Marketplace	Direct	Total	% Marketplace	% of marketplace total
Bronze	33,541	25,941	59,482	56%	27%
Silver	79,247	51,593	130,840	61%	63%
Gold	12,280	19,882	32,162	38%	10%
Platinum	0	4,383	4,383	0%	0%
Catastrophic	1,057	346	1,403	75%	1%
	126,125	102,145	228,270	55%	100%

Geographic region	Marketplace	Direct	Total	% Marketplace	% of marketplace total
GRA 1	53,990	54,883	108,873	50%	48%
GRA 2	14,995	11,097	26,092	57%	13%
GRA 3	6,845	7,553	14,398	48%	6%
GRA 4	10,488	8,979	19,467	54%	9%
GRA 5	7,403	4,559	11,962	62%	7%
GRA 6	7,740	5,970	13,710	56%	7%
GRA 7	12,201	8,993	21,194	58%	11%
	113,662	102,034	215,696	53%	100%

Area 1: Clackamas, Multnomah, Washington and Yamhill.
Area 2: Benton, Lane and Linn.
Area 3: Marion and Polk.
Area 4: Deschutes, Klamath and Lake.
Area 5: Clatsop, Columbia, Coos, Curry, Lincoln and Tillamook.
Area 6: Baker, Crook, Gilliam, Grant, Harney, Hood River, Jefferson, Malheur, Morrow, Sherman, Umatilla, Union, Wallowa, Wasco and Wheeler.
Area 7: Douglas, Jackson and Josephine.
Kaiser's marketplace geographic data is not available.

Gender	Marketplace	Direct	Total	% Marketplace	% of marketplace total
Male	56,531	48,496	105,027	54%	45%
Female	69,594	53,649	123,243	56%	55%
	126,125	102,145	228,270	55%	100%

Age	Marketplace	Direct	Total	% Marketplace	% of marketplace total
Under 18	11,288	23,193	34,481	33%	9%
18 - 25	9,015	9,198	18,213	49%	7%
26 - 34	20,898	11,965	32,863	64%	17%
35 - 44	19,460	15,996	35,456	55%	15%
45 - 54	23,457	17,364	40,821	57%	19%
55 - 64	41,315	23,903	65,218	63%	33%
65 and older	692	526	1,218	57%	1%
	126,125	102,145	228,270	55%	100%

2017 Final Average Health Insurance Rate Requests

ACA Compliant Plans

Individual	Company	Average Rate Request	Requested Portland Silver 40 year old rate	Final Proposed Rate Decision	Final Proposed Portland Silver 40 year old rate	Appeal Rate Decision	Final Portland Silver 40 year old rate
	ATRIO Health Plans*	15.0%	$ 329	20.8%	$ 346	**27%****	**$ 353**
	BridgeSpan Health Company	18.9%	$ 347	18.9%	$ 347	**23.0%**	**$ 357**
	Health Net Health Plan of Oregon, Inc	0.0%	$ 296	9.8%	$ 325	9.8%	$ 325
	Kaiser Foundation Health Plan of the Northwest	14.5%	$ 312	14.5%	$ 312	14.5%	$ 312
	Moda Health Plan, Inc.	32.3%	$ 404	29.3%	$ 395	29.3%	$ 395
	PacificSource Health Plans	15.2%	$ 442	15.2%	$ 442	15.2%	$ 442
	Providence Health Plan	29.6%	$ 355	24.1%	$ 340	**34.7%****	**$ 355**
	Regence BlueCross BlueShield of Oregon	17.9%	$ 334	17.9%	$ 334	22.0%	**$ 344**
	Zoom Health Plan, Inc.	22.6%	$ 356	22.6%	$ 356	22.6%	$ 356

*ATRIO Health Plans does not offer plans in the Portland area. For comparison purposes the Salem area was used.
**These rates are DFR estimates and are not official.

Small Group	Company	Average Rate Request	Requested Portland Silver 40 year old rate	Final Rate Decision	Final Proposed Portland Silver 40 year old rate	Appeal Rate Decision	Final Portland Silver 40 year old rate
	ATRIO Health Plans*	4.3%	$ 330	4.3%	$ 330	4.3%	$ 330
	Health Net Health Plan of Oregon, Inc**	10.2%	$ 353	7.1%	$ 353	7.1%	$ 353
	Kaiser Foundation Health Plan of the Northwest	-7.9%	$ 276	-7.9%	$ 276	-7.9%	$ 276
	Moda Health Plan, Inc.	12.4%	$ 401	12.4%	$ 401	12.4%	$ 401
	PacificSource Health Plans	0.0%	$ 347	0.0%	$ 347	0.0%	$ 347
	Providence Health Plan	7.9%	$ 306	7.9%	$ 306	7.9%	$ 306
	Regence BlueCross BlueShield of Oregon	-2.9%	$ 266	-2.9%	$ 266	-2.9%	$ 266
	Samaritan Health Plans, Inc.	9.4%	$ 344	9.4%	$ 344	9.4%	$ 344
	UnitedHealthcare Insurance Company	-3.9%	$ 322	-5.5%	$ 317	-5.5%	$ 317
	UnitedHealthcare of Oregon, Inc.	-3.9%	$ 322	-5.5%	$ 317	-5.5%	$ 317
	Zoom Health Plan, Inc.**	-3.6%	$ 310	-8.9%	$ 310	-8.9%	$ 310

*ATRIO Health Plans does not offer plans in the Portland area. For comparison purposes the Salem area was used.
**Indicates that the original filing did not reflect the impact to all renewing members. The annotation reflects this adjustment percentage, though the final rate amount remains the same.

2017 INDIVIDUAL COVERAGE - COUNTY

County	Atrio	Bridgespan	HealthNet	Kaiser*	Moda	PacificSource	Providence	Regence	Zoom
BAKER		B	O		B		B	O	
BENTON		B	O	B			B	O	
CLACKAMAS		B	O	B	B	B	B	O	B
CLATSOP		B	O		B		B	O	
COLUMBIA		B	O	B	B		B	O	
COOS		B	O		B		B	O	
CROOK		B	O			B	B	O	
CURRY		B	O		B		B	O	
DESCHUTES	B	B	O			B	B	O	
DOUGLAS	B	B	O				B	O	
GILLIAM		B	O		B		B	O	
GRANT		B	O		B		B	O	
HARNEY		B	O		B		B	O	
HOOD RIVER		B	O	B	B		B	O	
JACKSON		B	O		B		B	O	
JEFFERSON		B	O			B	B	O	
JOSEPHINE	B	B	O		B		B	O	
KLAMATH	B	B	O				B	O	
LAKE		B	O		B		B	O	
LANE		B	O				B	O	
LINCOLN		B	O				B	O	
LINN		B	O	B			B	O	
MALHEUR		B	O		B		B	O	
MARION	B	B	O	B	B		B	O	
MORROW		B	O		B		B	O	
MULTNOMAH		B	O	B	B	B	B	O	B
POLK	B	B	O	B	B		B	O	
SHERMAN		B	O		B		B	O	
TILLAMOOK		B	O				B	O	
UMATILLA		B	O		B		B	O	
UNION		B	O		B		B	O	
WALLOWA		B	O		B		B	O	
WASCO		B	O		B		B	O	
WASHINGTON		B	O	B	B	B	B	O	B
WHEELER		B	O		B		B	O	
YAMHILL		B	O	B	B		B	O	

B: Both On/Off Health Insurance Marketplace

O: Off Health Insurance Marketplace

***Kaiser is offering partial service in Clackamas, Benton, Linn, Marion and Hood River counties.**

2016 INDIVIDUAL COVERAGE - COUNTY

As of July 2016

County	Atrio*	Bridgespan	HealthNet	Kaiser**	Lifewise	Moda	PacificSource	Providence	Regence	Trilium	Zoom
BAKER		B	O		B	B	B	B	O		
BENTON		B	O	B	B	B	B	B	O		
CLACKAMAS		B	O	B	B	B	B	B	O		B
CLATSOP		B	O		B	B	B	B	O		
COLUMBIA		B	O	B	B	B	B	B	O		
COOS		B	O		B	B	B	B	O		
CROOK		B	O		B	B	B	B	O		
CURRY		B	O		B	B	B	B	O		
DESCHUTES	B	B	O		B	B	B	B	O		
DOUGLAS	B	B	O		B	B	B	B	O		
GILLIAM		B	O		B	B	B	B	O		
GRANT		B	O		B	B	B	B	O		
HARNEY		B	O		B	B	B	B	O		
HOOD RIVER		B	O	B	B	B	B	B	O		
JACKSON		B	O		B	B	B	B	O		
JEFFERSON		B	O		B	B	B	B	O		
JOSEPHINE	B	B	O		B	B	B	B	O		
KLAMATH	B	B	O		B	B	B	B	O		
LAKE		B	O		B	B	B	B	O		
LANE		B	O		B	B	B	B	O	B	
LINCOLN		B	O		B	B	B	B	O		
LINN		B	O	B	B	B	B	B	O		
MALHEUR		B	O		B	B	B	B	O		
MARION	B	B	O	B	B	B	B	B	O		
MORROW		B	O		B	B	B	B	O		
MULTNOMAH		B	O	B	B	B	B	B	O		B
POLK	B	B	O	B	B	B	B	B	O		
SHERMAN		B	O		B	B	B	B	O		
TILLAMOOK		B	O		B	B	B	B	O		
UMATILLA		B	O		B	B	B	B	O		
UNION		B	O		B	B	B	B	O		
WALLOWA		B	O		B	B	B	B	O		
WASCO		B	O		B	B	B	B	O		
WASHINGTON		B	O	B	B	B	B	B	O		B
WHEELER		B	O		B	B	B	B	O		
YAMHILL		B	O	B	B	B	B	B	O		

B: Both On/Off Health Insurance Marketplace

O: Off Health Insurance Marketplace

***Atrio is offering partial county service in Klamath county.**

****Kaiser is offering partial service in Clackamas, Benton, Linn, Marion and Hood River counties.**

Special Enrollment Period for Pregnant Women

Special Enrollment Periods in General

Under the Affordable Care Act, certain life changes are termed "qualifying life events" that trigger a special enrollment period (SEP). During an SEP, individuals may enroll in coverage outside the designated open enrollment period (or in some cases during the open enrollment period). Examples of qualifying life events include changes in family size (such as getting married, giving birth to or adopting a child), becoming newly eligible for advanced premium tax credits, or cost-sharing reductions, being a victim of domestic violence, or moving to a new state.

Most SEPs last for 60 days from the date of the qualifying life event and have a prospective coverage effective date. However, some qualifying life events, such as an exceptional circumstance SEP can have a retroactive coverage effective date.

Pregnancy SEP in Other States

New York: In December 2016, New York Gov. Andrew Cuomo signed into law a bill establishing a pregnancy SEP.

Vermont: The Vermont Health Connect established a pregnancy SEP that began July 1, 2016.

California: Legislation establishing a pregnancy SEP was introduced, but was not taken up. However, it may be revisited in 2016.

SBM-FP Technology Limitations

States operating their own health insurance marketplaces are permitted to establish state-specific special enrollment periods. In contrast, those states using the federal platform (like Oregon) must either rely on Congress to pass legislation or on the Department of Health and Human Services (HHS) to approve the creation of new SEPs outside of those already delineated in the ACA. Thus far, HHS has declined to expand or customize the federal platform in a way to make it possible for states such as Oregon to have state-specific SEPs.

Oregon relies on the federal platform for the eligibility and enrollment functions of the exchange. A consumer must enroll in a qualified health plan via the federal platform to receive a federal subsidy for health insurance in Oregon. At this time, the federal platform is not customizable for state-specific SEPs and Oregon could not offer a pregnancy SEP that could be offered via the federal platform. Changes in the federal platform are required for pregnancy to be considered an SEP and for women who are pregnant to enroll in health insurance and receive a federal subsidy.

Oregon Foundation for Reproductive Health

Enrollment for Pregnancy Related Care

Women who become pregnant should be allowed to enroll in a Qualified Health Plan for coverage at the time they find out they're pregnant, even if it is outside the brief open enrollment period. Pregnant people who lack health insurance often go without necessary care, thus jeopardizing their health and that of their babies.

Currently, giving birth is considered a qualifying event that provides women with a special enrollment period to apply for coverage. Women who are seeking coverage in the Exchange (as well as those with employer-based or other private market coverage) can enroll themselves and their newborn(s) in coverage *only once they give birth*. Oregon has made a commitment that prenatal care is important through policies, health metrics, and programs designed to increase access for all Oregonians. We are requesting that DCBS create a 'special enrollment period' (SEP) in Oregon for individuals when they become pregnant, so they can enroll in coverage for critical pregnancy related care.

Pregnancy itself does not qualify for a special enrollment period in the Marketplace. While the Affordable Care Act (ACA) has greatly expanded access to maternity care for pregnant women, there are still women who lack access to comprehensive pregnancy related coverage. This population includes:

- √ pregnant people who are uninsured and do not income qualify for Medicaid coverage;
- √ people who are covered on a plan that still does not include any maternity coverage (e.g. canceled or transitional plans);
- √ people who have a plan that does not include coverage of the full pregnancy related benefits they need.

The Implications of Lack of Access to Care During Pregnancy

Insurance coverage is associated with early initiation of prenatal care. Early access to routine and recommended prenatal care is important for all women, and especially important for women at risk for poor birth outcomes. Supporting healthy pregnancies not only leads to better birth outcomes, but can also generate health care savings.

Research commissioned by the March of Dimes has shown that on average businesses spend 12 times more in health care costs for premature/low birthweight (LBW) infants than for uncomplicated births. Newborns with other selected complications, including congenital defects and co‐morbidities associated with prematurity or LBW, are more than twice as costly as newborns without complications. Among women at risk for poor birth outcomes, access to prenatal care reduces hospital and NICU admissions among infants, resulting in cost savings ranging from $1,768 to $5,560 per birth. In another intervention, intensive prenatal care for women with high-risk pregnancies saved $1.37 for every $1 invested in augmented prenatal care.

Almost half of all pregnancies are unintended. If a woman becomes pregnant outside of open enrollment and is uninsured or has insurance that doesn't cover pregnancy related care, she has little options to get the care she needs. As a result, many uninsured women forego the prenatal care they need, leading to worse health outcomes for themselves and their babies. Lack of prenatal care can lead to serious health

consequences for mother and child. Birth defects are one of the leading causes of infant deaths, accounting for more than 20% of all infant deaths. Some of these birth defects can be prevented and, with proper prenatal care, many can be detected before birth, enabling better care during and after birth. (Health people 2020**). Due to the association between prenatal care, health outcomes, and cost savings, it is imperative that individuals have the opportunity to enroll in coverage as soon as they discover they are pregnant.**

For women who previously had limited interaction with the health care system, pregnancy serves as an introduction into the health care system. A special enrollment period for pregnant women could improve continuity of coverage for both the woman and her children. Studies show that children are more likely to have health insurance if their parents are insured, and continuous coverage is associated with improved access to well-child care. Timely, affordable access to prenatal care is particularly important for women of color, who face significant pregnancy-related health disparities.[1] Ensuring that people have health insurance coverage throughout pregnancy and delivery will improve health outcomes for Oregon families.

Oregon Stats

- There were 45,557 live births in Oregon in 2014[2]
- Medicaid currently finances almost half of all babies born in Oregon
- 57, 502 women are enrolled in coverage through a state Exchange plan[3]
    - 40% of women enrolled are 18-44 y/o (~ 23,000)

Special Enrollment Plans Selected in Oregon February 23 – June 30, 2015 on HealthCare.gov :

OREGON	7,224 Loss of Coverage	1,258 Denial of Medicaid	1,481 Tax Season	**1,852** All Other SEPs (**including birth**)	11,815 Total

Oregon has made a commitment to better Maternal & Child Health outcomes:
Access to comprehensive maternity coverage allows women to access important pregnancy-related care, which is demonstrated to improve health outcomes for women and newborns and reduce financial costs for both consumers and insurers.

1- Coordinated Care Organization metrics for MCH included entry into early prenatal care and reduce elective inductions before 39 weeks;

[1] AMERICAN CONGRESS OF OBSTETRICIANS AND GYNECOLOGISTS COMMITTEE ON HEALTH CARE FOR UNDERSERVED WOMEN, RACIAL AND ETHNIC DISPARITIES IN WOMEN'S HEALTH, OPINION NO. 317 (2005)http://www.acog.org/Resources-And-Publications/Committee-Opinions/Committee-on-Health-Care-for- Underserved-Women/Racial-and-Ethnic-Disparities-in-Womens-Health (highlighting disproportionate levels of pre- term births, maternal mortality and infant mortality among women of color).

[2] The Center for Health Statistics Oregon resident births by county of residence, 2010-2014

[3] OR Marketplace Female Enrollment through June 2015 Data Sources: HHS, Office of the Assistant Secretary for Planning & Evaluation's national report at county-level data updated July 2015; State Health Access Data Assistance Center Analysis using 2013 census data

2- 2015 Legislation expanded coverage so more women can access prenatal care; CAWEM Plus services are available to all pregnant CAWEM-eligible women statewide until the day after childbirth, including Medicaid coverage for labor, delivery and prenatal care.
3- Oregon Medicaid has continuous enrollment and presumptive eligibility on pregnancy status for women who are pregnant up to 190% FPL, with full health insurance until 60 days post-partum.

Minimal Market Impact

Adverse selection is a real concern in the health insurance industry and can lead to instability and/or increased costs for all consumers in the risk pool. However, the decreasing number of women without insurance, and the decreasing number of plans that do not offer maternity coverage, means fewer women will need a SEP for pregnancy. This significantly reduces concerns about risk pool destabilization and premium increases, especially in Oregon.

The uninsured rate has declined in Oregon to 5%. Several factors drive the trend, including the end of pre-existing condition discrimination, the availability of financial help to purchase insurance, the individual mandate, and Medicaid expansion. The availability of discounted coverage – and the annual penalty for those who fail to get covered – make it less likely that uninsured women will wait until they get pregnant to get insured, reducing the risk of adverse selection.

Additionally, since the ACA's enactment, the number of plans that do not cover maternity care has decreased, and this number will continue to fall over the next few years. In particular, people will not be able to enroll in *transitional plans* after October 2017, which could reduce the potential number of women who might seek a SEP because their plan does not cover maternity care. Similarly, the number of people in grandfathered plans, particularly in the individual market, is expected to decrease – as they switch to other individual or job based coverage, and as insurers make certain changes to grandfathered plans that cause those plans to lose their grandfathered status.

- Vauhini Vara at The New Yorker, profiles the SEP policy efforts noting "the argument in favor of making pregnancy a qualifying life event seems so logical, and the support for it is proving so strong, that one might wonder why it hasn't happened already."
  - Princeton economist Janet Currie notes that **the cost of creating the special enrollment period would likely be minimal:** "any potentially higher costs would probably be kept to a minimum"
  - Two professors of Public Administration with a specialization in Health Management and Policy at Portland State University submitted testimony in favor, "Allowing pregnant women to enroll in a Qualified Health Plan at the time pregnancy is detected would likely have an *insignificant impact* on the insurance marketplace."

Oregon Associations endorse SEP for Women who are Pregnant:

- Oregon Foundation for Reproductive Health
- Oregon Law Center
- Coalition of Community Health Clinics
- Oregon Primary Care Association
- Network for Reproductive Options
- Cascade AIDS Project
- Future Generation Collaboration
- Oregon Public Health Association

National Interest

The *Healthy Mom Act* introduced to the US Senate in Oct. 2015 was Co- Sponsored by Senator Merkley, and includes a special enrollment period for pregnant individuals, beginning on the date on which the pregnancy is reported to the Exchange; beginning after 2016 Open Enrollment.

- New York Gov. Cuomo signed into law a bill that lets pregnant women enroll in the state's health insurance exchange outside of the narrow enrollment window. The bill passed unanimously and makes New York State the first in the nation to classify pregnancy as a "qualifying event" triggering a special enrollment period for the state's health exchange(www.capitalnewyork.com).

- Vermont Gov. Peter Shumlin signed into law a bill that permits women to enroll in a health insurance plan immediately if pregnant instead of delaying enrollment until an open enrollment period or a birth. The law will take effect on July 1, 2016 (www.womenshealthpolicyreport.org).

Media

April 2016: The Lund Report- *State Regulators Scuttle Talk of Year-Round Insurance Enrollment for Pregnant Women*
https://www.thelundreport.org/content/state-regulators-scuttle-talk-year-round-insurance-enrollment

Feb 2016: *HHS Must Remove Barriers To Coverage For Pregnant Women*
http://healthaffairs.org/blog/2016/02/19/hhs-must-remove-barriers-to-coverage-for-pregnant-women/

Nov 2015: The Lund Report- *Health Advocates Want Year-Round Enrollment for Pregnant Women*
https://www.thelundreport.org/content/health-advocates-want-year-round-enrollment-pregnant-women

Feb 2015: NPR- *Pregnant And Uninsured? Don't Count On Obamacare Coverage*
http://www.npr.org/sections/health-shots/2015/02/18/387191283/pregnant-and-uninsured-dont-count-on-obamacare-coverage

Oct 2014: THE YOUNG INVISIBLES: *Without Maternity Coverage*
http://younginvincibles.org/wp-content/uploads/2015/02/Without-Maternity-Coverage-1.5.15_4.pdf