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NOTICE OF PROPOSED RULEMAKING
INCLUDING STATEMENT OF NEED & FISCAL IMPACT

CHAPTER 945
OREGON HEALTH AUTHORITY
HEALTH INSURANCE MARKETPLACE

FILED

03/22/2023 3:52 PM
ARCHIVES DIVISION
SECRETARY OF STATE

FILING CAPTION: 2024 Health Insurance Marketplace Qualified Health Plan and Stand Alone Dental Plan Annual Assessment Rates

LAST DAY AND TIME TO OFFER COMMENT TO AGENCY: 04/21/2023 5:00 PM

The Agency requests public comment on whether other options should be considered for achieving the rule's substantive goals while reducing negative economic impact of the rule on business.

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Filed By:
Pete Edlund
Rules Coordinator

HEARING(S)

Auxiliary aids for persons with disabilities are available upon advance request. Notify the contact listed above.

DATE: 04/21/2023

TIME: 3:05 PM - 3:55 PM

OFFICER: Victor Garcia

REMOTE MEETING DETAILS

MEETING URL: [Click here to join the meeting](#)

PHONE NUMBER: 669-254-5252

CONFERENCE ID: 1618667061

SPECIAL INSTRUCTIONS:

Dial by your location

+1 669 254 5252 US (San Jose)

+1 646 828 7666 US (New York)

Meeting ID: 161 866 7061

Passcode: 353794

NEED FOR THE RULE(S)

ORS 741.105 and Senate Bill 65 (2021) require the Oregon Health Authority (OHA) to establish assessment rates for qualified health plans and stand alone dental plans sold through the Health Insurance Marketplace. The assessment is the funding source for the Oregon Health Insurance Marketplace's operations and support for qualified health plan enrollment. These rates are reviewed annually, adjusted based on budget and enrollment projections, and updated by amending 945-030-0030.

The amendment maintains the assessment rates of \$5.50 per member per month (PMPM) for qualified health plans and \$0.36 PMPM for stand-alone dental plans in calendar year 2024.

DOCUMENTS RELIED UPON, AND WHERE THEY ARE AVAILABLE

ORS 741.102 and 741.105, and applicable amendments made by SB 65 (2021). The text for both statutes and the Senate bill are available through the Oregon Legislature's website:

www.oregonlegislature.gov

Document: Oregon Health Insurance Marketplace Report - CY 2024 Administrative Charges Marketplace Advisory Committee Material memo, available on the Health Insurance Marketplace rules web page:

<https://healthcare.oregon.gov/marketplace/gov/Pages/rules.aspx>

STATEMENT IDENTIFYING HOW ADOPTION OF RULE(S) WILL AFFECT RACIAL EQUITY IN THIS STATE

Health Insurance Marketplace Racial Equity Statement

For 2023 945-030 Marketplace Assessment Rate Filing

The Health Insurance Marketplace Advisory Committee (HIMAC) was consulted as the advisory group for the proposed amendment. The HIMAC is composed of a diverse group of Oregonians including consumers, insurers, consumer advocates, insurance agents, and application assisters across the state. The meeting in which the proposed changes were discussed was a public forum held virtually, allowing people from any community in Oregon to attend and share public comment.

Since there is no change to the assessment rate from the previous year, Oregonians should not see any economic impacts from this amendment. This assessment funds Marketplace operations annually and is calculated according to the projected needs based on previous legislatively approved budgeted activities and on projected enrollment in Marketplace plans. Impacts to racial equity would come from the program activities requested and authorized in that budget, which are then funded by the assessment in this rule.

Within that context, the Oregon Health Authority (OHA) has committed to ending health inequities in Oregon with equity-centered health policy reform strategies for the state, and to anti-racist and equity-centered policies and ideals as an organization. The mission of the Marketplace, as an office within OHA, is to empower Oregonians to improve their lives through local support, education, and access to affordable, high-quality health coverage. We accomplish this primarily through outreach and education, both directly with communities and through digital and other media. With a small staff, partnering with a diverse group of community organizations, community leaders, chambers of commerce, cultural liaisons, faith-based organizations, and other government units is critical to our success. Our outreach staff have annual strategic plans for the engagement of these communities and partners, including partnership and engagement with tribes in Oregon.

The Marketplace's access to the demographic information of the Oregonians it serves is currently very limited. Without a state-based enrollment technology platform, the Marketplace is not confident that it will have adequate data to support needed changes that address health inequities and racial and other disparities present within the current system. Senate Bill 972 (2023) has the potential to begin Oregon's transition to a state-based marketplace (SBM) to realize this change.

While the assessment rate remains unchanged for plan year 2024, passage of the SBM transition legislation would change this trend. Future budget requests would include changes to the program that, if approved, will greatly improve the quantity and quality of the demographic data available to the Marketplace. With a state enrollment and eligibility platform, like that envisioned in Senate Bill 972, the Marketplace will be able to collect and analyze enrollment data, including REALD/SOGI data in real time to:

- Recognize trends and inform policy development and decision-making that affect communities traditionally harmed by social and health inequities;
- Allow for real-time, micro-focused outreach and education to these communities; and

- Create a baseline that will inform outreach and education resource allocation to ensure that the Marketplace effectively and efficiently reaches those impacted most by the inequities inherent in current systems. A state-based eligibility platform will also allow the state to customize open enrollments and create special enrollments to meet the unique needs of Oregonians and address the specific circumstances Oregonians are facing in real time. Subsequent amendments to this rule may be impacted by legislative changes, budget impacts, and process changes resulting from these continued efforts.

FISCAL AND ECONOMIC IMPACT:

This assessment funds all of the Marketplace's operations and support for qualified health plan enrollment, and the direct fiscal impact to the Marketplace within the Oregon Health Authority (OHA) is accounted for in budget forecasts and enrollment projections. After agency fiscal analysis, the proposed rates have been determined to be the most efficient amounts for continued Marketplace operations entering the 2024 calendar year, striking a balance for the lowest probability of either a funding deficit or unnecessary surplus. The rates are assessed annually and adjustments can be made each year.

Since the proposed 2024 rates are the same as those in 2023, there is no expected fiscal or economic impact to other parties or stakeholders resulting from this amendment.

COST OF COMPLIANCE:

(1) Identify any state agencies, units of local government, and members of the public likely to be economically affected by the rule(s). (2) Effect on Small Businesses: (a) Estimate the number and type of small businesses subject to the rule(s); (b) Describe the expected reporting, recordkeeping and administrative activities and cost required to comply with the rule(s); (c) Estimate the cost of professional services, equipment supplies, labor and increased administration required to comply with the rule(s).

(1) The changes to the rule will not impact state agencies other than OHA or units of local government. OHA is proposing these rates based on economic models and budget projections. The Marketplace assessment is paid out of premiums of the individual health insurance plans purchased through the Marketplace by Oregonians. Since the rate is not changing, members of the public purchasing insurance through the Marketplace and individual insurance carriers participating in the Marketplace should see no economic impact related to this amendment.

(2)(a) This rule does not impact small businesses directly, and no indirect impacts were identified;

(b) There are no additional reporting, recordkeeping or administrative activities or costs required to comply with the rule;

(c) There are no additional professional services, equipment supplies, labor, or increased administration required for small businesses to comply with the rule amendments.

DESCRIBE HOW SMALL BUSINESSES WERE INVOLVED IN THE DEVELOPMENT OF THESE RULE(S):

Although this amendment did not have any identified impacts to small businesses, small business interests were represented by a member of the rule advisory committee.

WAS AN ADMINISTRATIVE RULE ADVISORY COMMITTEE CONSULTED? YES

AMEND: 945-030-0030

RULE SUMMARY: The amendment to 945-030-0030 maintains the assessment rate of \$5.50 for qualified health plans per member per month (PMPM) and \$0.36 for stand-alone dental plans PMPM in calendar year 2024.

CHANGES TO RULE:

945-030-0030

Administrative Charge on Insurers and Health Care Service Contractors ¶¶

(1) Effective January 1, 2015, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$9.66 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.97 times the number of members enrolled through the Marketplace in that month.¶¶

(2) Effective January 1, 2016, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$9.66 times the number of members enrolled through the Marketplace in that month¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.97 times the number of members enrolled through the Marketplace in that month.¶¶

(3) Effective January 1, 2017, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$6.00 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.57 times the number of members enrolled through the Marketplace in that month.¶¶

(4) Effective January 1, 2018, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$6.00 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.57 times the number of members enrolled through the Marketplace in that month.¶¶

(5) Effective January 1, 2020, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$5.50 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.36 times the number of members enrolled through the Marketplace in that month.¶¶

(6) Effective January 1, 2021, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$5.50 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.36 times the number of members enrolled through the Marketplace in that month.¶¶

(7) Effective January 1, 2022, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$5.50 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.36 times the number of members enrolled through the Marketplace in that month.¶¶

(8) Effective January 1, 2023, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$5.50 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.36 times the number of members enrolled through the Marketplace in that month.¶¶

(9) Effective January 1, 2024, each health insurer or health care service contractor offering:¶¶

(a) Qualified health plans through the Marketplace shall pay a monthly administrative charge equal to \$5.50 times the number of members enrolled through the Marketplace in that month.¶¶

(b) Stand alone dental plans through the Marketplace shall pay a monthly administrative charge equal to \$0.36 times the number of members enrolled through the Marketplace in that month.

Statutory/Other Authority: ORS 741.002

Statutes/Other Implemented: ORS 741.105