

Marketplace Advisory Committee Update: June 2016 COFA PREMIUM ASSISTANCE PROGRAM

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

MONTH	TASK/MILESTONE	BY	STATUS
April	12: Convene Advisory Committee	OHIM	Complete
	14: Convene outreach and education work group	OHIM	Complete
May	20: Release COFA Community Partner Request for Grant Proposals	OHIM	Complete
	Finalize reporting requirements, format, and other logistics	OHIM and Carriers	Complete
June	Begin drafting administrative rules	OHIM and Department of Justice (DOJ)	Complete
	10: Close COFA Community Partner Request for Grant Proposals	OHIM	
	Finalize premium payment workflow and payment mechanism	OHIM, DCBS Central Services Division (CSD), Treasury, and carriers	
July	15: Award COFA Community Partner Grant	OHIM	
	Finalize in-network out-of-pocket payment workflow and payment mechanism	OHIM, CSD, and Treasury	
	Begin development of outreach and education materials	OHIM	

August	23: Lock binders	DFR and carriers	
	Execute 2017 carrier contracts	OHIM and carriers	
	Finalize program network infrastructure and IT needs	OHIM and DCBS IT&R	
September	Finalize administrative rules	OHIM and DOJ	
	Launch outreach and education campaigns	OHIM	
	Hold program-specific trainings	OHIM	
October	Begin accepting applications for program	OHIM	
	4: Execute CMS agreements and release final Qualified Health Plan list	Centers for Medicare and Medicaid (CMS) and carriers	
	7: Release 2017 program-eligible plans	OHIM	
November	1: Open enrollment starts		
December	15: Last day to enroll in a program-eligible plan at HealthCare.gov for 1/1/17 effective coverage		
	30: Begin disbursements of premium payments to carriers	OHIM	
2017	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	
	Dec. 31: Submit report to the Legislative Assembly	OHIM	

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.*

METRIC	NOTES	SOURCE	FREQUENCY
Total number of program applicants		Program manager	Monthly
Total number of program applicants assessed as potentially eligible for the program	Based on annual income and pending proof of enrollment at HealthCare.gov	Program manager	Monthly
Total number of program applicants assessed as ineligible for the program	Based on annual income and pending proof of enrollment at HealthCare.gov	Program manager	Monthly
Total number of enrollees during open enrollment		Program manager	Monthly
Total number of enrollees during special enrollment period		Program manager	Monthly
Total number of enrollees		Program manager	Monthly
Total number of program disenrollees		Program manager	Monthly
Total number of plan termination/cancellations	834 codes: 03, 07, 14, 24, AI	Carriers	Monthly
Total number of in-network claims	Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)	Carriers	Biannually
Total amount of in-network claims	Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)	Carriers	Biannually
Total number of out-of-network claims	Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)	Carriers	Biannually
Total amount of out-of-network claims	Due on 9/1 (data as of 6/30) and 4/1 (data as of 12/31 for previous year)	Carriers	Biannually

Total amount spent for premiums		Program manager	Monthly
Total amount spent for in-network out-of-pocket costs		Program manager	Monthly
Total number of in-network out-of-pocket transactions for payment or reimbursement		Program manager	Monthly
Total number of cases for issue resolution		Outreach Center manager	Monthly
Total number of materials printed and distributed *		Program manager	Monthly
Total number of applicants helped		Community partner grantee	Monthly
Average cost per program enrollee *		Community partner grantee	Monthly
Total number of events *		Community partner grantee	Monthly
Total number of attendees at events *		Community partner grantee	Monthly
Total number of enrollees at events		Community partner grantee	Monthly
Website analytics		Communications manager	Monthly

*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

CATEGORY	LEAD	SPECIFIC TACTICS WILL INCLUDE	TARGET START
Consumer materials	Metropolitan Group	<ul style="list-style-type: none"> • Develop materials in English and other languages* in both paper or electronic form <ol style="list-style-type: none"> a. General fact sheet with infographic on application process b. An animated video guide will be developed in English and other languages* for online distribution and use for events c. A partner toolkit that includes the fact sheet and video plus sample e-newsletter/email copy, social media posts, and talking points d. Other materials as necessary • Update list of materials after first convening with ambassadors (if needed) • Source out translation services to community partners, COFA Advisory 	July 2016

Committee members, and DCBS

- Budget estimate: \$30,000

Stakeholder outreach and support	DCBS	<ul style="list-style-type: none">• Use stakeholder communication networks to reach eligible individuals• 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• Provide OHP Enrollment Event support to OHA• Budget estimate: \$5,000	Conduct initial outreach: August 2016 Distribute materials: late August - September
Program ambassadors	DCBS	<ul style="list-style-type: none">• Work with COFA Advisory Committee and grantee to identify and develop roster of key community members and grassroots volunteers to serve as program ambassadors.• Host an introductory convening to outline program goals, discuss the “ask” of ambassadors, review draft materials, and answer questions• Host calls/meetings to provide updates; share success stories and best practices and answer questions• Provide outreach materials.• Budget estimate: \$3,000	First convening: July 2016 Second convening: September 2016 Third convening: November 2016
COFA program outreach and education grant	COFA community partner grantee	<ul style="list-style-type: none">• Provide in-person help to eligible individuals.• Implement outreach tactics outlined in grant contract.• Plan and implement enrollment events• Budget: \$40,000	RFP release: May 20, 2016 RFP closing: June 10, 2016 Contract award (approx.): July 15, 2016 Contract start: September 1, 2016
Agent and community partner training	DCBS	<ul style="list-style-type: none">• Provide in-person and online training on program overview and other specifics• Aim to provide continuing education credits for agents• Invite agents to sign up to be program partner agents. Make	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.*