



**Oregon Health Insurance Marketplace  
Advisory Committee Meeting  
December 8, 2022  
9 a.m. - noon**

Virtual

[Click here to join the meeting](#)

(You can choose to have the meeting call you)

Phone: 971-277-2343

Access code: 604 308 63#

*Everyone is welcome to join [Health Insurance Marketplace Advisory Committee \(HIMAC\) meetings](#).  
For accessibility questions or requests, please contact [dawn.a.shaw@dhsosha.state.or.us](mailto:dawn.a.shaw@dhsosha.state.or.us) or call  
503-951-3947 at least 3 business days prior to the meeting.*

*Please note that this public meeting will be recorded and transcribed.*

**A G E N D A**

Time	Agenda Item	Facilitators and Presenters	Purpose
9:05 – 9:15 a.m.	Welcome, meeting guidelines, and approval of previous meeting's minutes	Kraig Anderson Committee Chair	Information and voting
9:15 – 9:30 a.m.	Federal health policy updates	Gina Sherick McGuireWoods Consulting	Information
9:30 – 10 a.m.	Oregon Health Authority's (OHA) 2023 legislative concepts	OHA Government Relations Team	Information
10:00 – 10:20 a.m.	Medicaid Migration to the Marketplace project updates*	Marketplace Team	Information and discussion
10:20 – 10:25 a.m.	Public comment	Kraig Anderson Committee Chair	
10:25 – 10:35 a.m.	Break		

\*As approved in the [committee workplan](#) on 07/21/2022.

Time	Agenda Item	Facilitators and Presenters	Purpose
10:35 – 11:05 a.m.	Basic Health Plan and Marketplace Mitigation updates*	Tim Sweeney Policy Analyst, Health Policy and Analytics, OHA  Katie Button Marketplace Plan Management and Policy Analyst  Lindsey Hopper HIMAC Representative, Bridge Program Task Force	Information and discussion
11:05 – 11:25 a.m.	Division of Financial Regulation's (DFR) 2023 legislative concepts	DFR Policy Team	Information
11:25 – 11:45 a.m.	Marketplace Open Enrollment 2023 updates	Marketplace Team	Information
11:45 – 11:50 a.m.	Public comment	Kraig Anderson Committee Chair	
11:50 – 11:55 a.m.	Wrap up and closing	Kraig Anderson Committee Chair	

\*As approved in the [committee workplan](#) on 07/21/2022.



## Health Insurance Marketplace Advisory Committee Meeting Minutes

**When:** Thursday, October 13, 2022 - 9 a.m. to noon

**Where:** Virtual via Microsoft Teams

In-person at the Barbara Roberts Human Services Building  
500 Summer St NE, Salem OR 97301

**Committee members:** Kraig Anderson (chair), Gladys Boutwell, Ron Gallinat, Maribeth Guarino, Paul Harmon, Lindsey Hopper (vice chair), Ines Kemper, Joanie Moore, Linzay Shirahama, Holly Sorensen, Andrew Stolfi (ex-officio), Om Sukheenai, Nashoba Temperly, and Drew Tarab

**Members not present:** Kathleen Jonathan

**Other presenters:** Stephanie Kennan, Ali Hassoun, Tim Hinkle, and Tim Sweeney

**Marketplace staff:** Katie Button, plan management analyst; Amy Coven, stakeholder and communications analyst; Chiqui Flowers, director; Victor Garcia, operations development specialist; and Dawn Shaw, office support coordinator

Agenda item and time stamp*	Discussion
<b>Welcome, meeting guidelines, and approval of previous meeting minutes</b>	<p>Introduction of committee members and staff <i>See Pages 1-2 of handout package for a copy of the agenda. Pages 1-2 of the slide deck for the meeting guidelines. Pages 3-5 of the handout package for a copy of the July minutes.</i></p> <ul style="list-style-type: none"><li>• Approved July 21, 2022, minutes.</li></ul>
<b>Welcome Joanie Moore</b> 1:07	<p>Kraig Anderson introduced our newest member, Joanie Moore.</p> <ul style="list-style-type: none"><li>• Our new tribal representative.</li><li>• Native Oregonian and human resources analyst with Cow Creek Band of Umpqua Tribe of Indians in Roseburg.</li><li>• Licensed health, life, and property and casualty agent in Oregon since 2003.</li><li>• Has worked with tribes in Washington, Oregon, Idaho, and a few in the Midwest.</li><li>• Not a tribal member but has worked with the tribes.</li></ul>
<b>Meet the Interim Health Policy and Analytics (HPA) Director</b> 3:43	<p>Ali Hassoun, interim Health Policy and Analytics (HPA) Director introduced himself to the new members and discussed his priorities.</p> <ul style="list-style-type: none"><li>• Worked in public service for 24 years, first with the Department of Administrative Services (DAS). Working with statewide policy issues and development of agency budgets.</li><li>• Part of the Public Employees Benefit Board (PEBB) / Oregon Educators Benefits Board (OEBB) leadership since 2012. Will be working with PEBB/OEBB as well as being the interim HPA director.</li></ul>



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## **Federal health policy updates** 7:12

Stephanie Kennan from McGuire Woods Consulting called in from Washington, D.C., to present information about current legislation and cases that involve the Affordable Care Act (ACA).

- Inflation Reduction Act has been extended until 2025. They calculate that it would cost \$25 billion per year to make it permanent.
- Family glitch fix rule came out Tuesday [October 11]. The proposal didn't change much from the draft. Entitles low income Americans to get premium assistance if their employer or sponsored insurance doesn't reach certain thresholds. Should affect 5.1 million people. Mostly administrative and not a perfect fix.
- Surprise billing rule was finalized in August. There are some lawsuit issues by Texas due to some provisions the Centers for Medicare and Medicaid (CMS) left out from the Ways and Means bill that were important for the providers.
- They have funded the government through December 16.
- It is an election year so some work has been held off. Some healthcare topics on the table are telehealth, expanding mental health services, and opioid treatment.
- Public Health Emergency (PHE) may be extended until 2023.
  - There is a push to eventually make COVID vaccines vaccines are no longer covered by the government.
  - Chiqui wondered if 90 days is the furthest it can be extended. Stephanie didn't have an answer and will investigate this.

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## **2023 preliminary private health insurance rates** 18:40

Tim Hinkle, the DFR (Department of Financial Regulation) Health Program Actuary discussed the 2023 private insurance rate approval process.  
*See Pages 8-10 of the handout package and Page 4 of the slide deck for a copy of the county coverage.*

- Tim is presenting on behalf of Tashia Sizemore, who was unable to attend the meeting.
  - 2023 rates are finalized and have been sent to CMS.
  - Was a quiet year with 2.3 to 12.6 percent increases for individual, and 3.4 to 10.6 percent for small business.
  - Mostly approved as filed, some tweaks when the risk adjustment report came out.
  - When filing they look back two years. COVID has affected the rates. Some insurance usage was down due to COVID restrictions, but now they have been lifted more people are going back to receive services.
  - The reinsurance program helps reduce the cost of high cost claims. The program tends to keep premiums down by six percent.
  - Chiqui was curious on how our rate increases compared to the national average. Andrew responded stating he had looked at other states and our rate increases are on the low end.
  - Kraig wondered if there has been a change in the morbidity due to the Inflation Reduction Act. Tim stated it was quiet this year and was like last year.
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**2023 plan offerings**  
29:12

Katie Button went over the Marketplace plan approval process.  
*See Pages 4-6 of the slide deck for a copy of the presentation.*

- Kraig asked Katie about her process and what she is looking for in regards of the plans. Katie informed that she looks to make sure that the plans are meeting all the standards. She also is involved with cross walking plans, making sure the members are going to an equal plan.
- Om questioned people choosing the bronze plan over an HSA (health savings account). Katie responded that HSAs are good for people who can contribute to the plan, but with bronze plans people know exactly what they are getting and the costs associated with their plan. Bronze plans are popular.

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**Open Enrollment marketing**  
40:11

Amy Coven presented plans for the 2023 open enrollment (OE) marketing.  
*See Pages 14-19 of the slide deck for a copy of the presentation.*

- Drew asked in chat why the estimate for the percentage of Oregonians covered by insurance in the focus groups were so low. Amy replied that it could be that people may or may not know if their friends or family have insurance. Another possible reason is that people don't realize how accessible insurance is. Confusion between OHP (Oregon Health Plan) and the Marketplace may be a contributor as well. Holly mentioned it may be due to a lack of health literacy.
- Paul wondered what we can do to connect people with Navigators or other resources, would this possibly be helped if we had our own SBM (state-based marketplace)? Amy affirmed that most people do not know that there is free help available.
- Kraig queried if the participants in the focus group were covered by insurance. Amy will need to get back to him on this, as the focus groups were screened by a professional firm to check.
- Joanie questioned which tribal media was included. Amy put in the chat:
  - KBMS-AM and The Numberz
  - KWSO - Warm Springs Radio
  - KCUW - Umatilla Reservation Radio
  - Confederated Umatilla Journal
  - Smoke Signals
  - Spilyay Tymoo
- Don't look for our ads right after Open Enrollment (OE) starts. They will be run after the elections when ads aren't as expensive. Ads will also run heavier during weekends and the holidays.
- We have a small state staff and Community Partners and agents help a lot with making sure we get out into the communities.

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**Public comment**  
1:14:38

None given.

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**Break**  
1:15:02

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## **Bridge Program Task Force and Marketplace mitigation updates**

1:26:07

Timothy Sweeney, Katie Button, and Lindsey Hopper presented updates on the Bridge Program Task Force and the Marketplace mitigation.

*See Pages 7-17 of the slide deck for a copy of the presentation.*

- On slide 31 there is a meeting scheduled between Nov. 15 and Dec. 13.
- Explanation of silver loading: In the early years of the ACA, the federal government made payments to insurers to compensate them for the cost of providing these cost-sharing reductions (CSRs). Following a legal dispute over whether the ACA appropriated the funds needed to make CSR payments, the Trump administration ended these payments in 2017. Insurers responded by raising the premiums they charged for silver plans to offset the now-uncompensated cost of continuing to provide CSRs.
- Administrative complexity from a member or state perspective have been reviewed, the carrier side is still needing to be explored.
- Potential ideas involve reinsurance, 1332 waiver, reduced or subsidized APTC (advanced premium tax credits).
- Drew wanted to know if the idea of benchmarking gold plans was still on the table. Tim indicated that no ideas are off the table at this point. In some regions this could be detrimental. Gold benchmarking may be more expensive than a pass through.
- Kraig informed the committee that himself, Drew, and Paul are participating in the Carrier Work Group. Chiqui is attending the Carrier Mitigation Work Group.
- Drew pointed out that attempting administrative simplification and levels of subsidies can be complex. There will be winners and losers.
- Holly wondered how the reconciliation process would affect tax filing, would it be on the 1095? Katie responded that it most likely would not be a part of the 1095 but will confirm with CMS (Centers of Medicare and Medicaid Services) to see how the process would work.
- Om asked if, with income fluctuations, would consumers have to pay back the state for any overages. Tim stated it would be unlikely that a consumer would have to pay the state back.
- Maribeth asked if the timeline for the Bridge Program isn't until 2025 would there be contingencies in place when we get our own SBM? Tim stated it is hard to tell at this time and would be revisited down the road. Kraig indicated that the soonest a SBM could be implemented would be OE 2026 for the 2027 plan year.
- Om wondered about the SBM. Chiqui answered that currently we have a legislative concept to put through for the next legislative season. Having our own SBM would make some of the subtleties of subsidies easier than through Healthcare.gov. Legislators need to determine operationally feasible, equitable and all the considerations we need to do for our policy initiatives.
- Linzay wanted to clarify that people who are in the 138 to 200% FPL would be qualified for the Oregon additional subsidy and they're not at risk of repaying that even if their income goes up. Tim stated that those folks would move from the Marketplace to a basic health plan (BHP). Anyone over 200% would be moved to the Marketplace.

- Joanie questioned if we had looked at other states to see what challenges and successes they have had. Tim answered that we have looked at other states and considered Oregon's unique issues around the subsidies. Kraig informed that we have looked at Minnesota and New York's programs. Tim added on Colorado did get a 1332 waiver and Kentucky is looking at building BHPs.
- Feel free to attend next Tuesday morning meeting.
- Kraig pointed out that the purpose of the bridge plan is to reduce churn for those people under 200% of the federal poverty and allow them to remain where they've been, which is on Medicaid. For the most part, because we haven't had redeterminations. So that's the work of the task force.
- Drew wanted to know if the topic of cost shifting had come up. Lindsey stated it had come up and was being considered.
- Chiqui sent out a request from Lindsey to gather information about consumer engagement.

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## Committee business

2:30:12

Kraig Anderson and Chiqui Flowers called for chair and vice chair position elections and voted on changes to the bylaws.

*See Pages 11-12 of the handout package for information on the chair and vice chair nominees, Pages 13-19 for a copy of the bylaws.*

- Kraig Anderson was voted in as chair and Lindsey Hopper as vice chair.
- Changes to bylaws based on OHA's focus on health equity by 2030.
- Bylaws were approved and will be updated with Kraig Anderson as the chair.

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## Public comment, wrap up & closing

2:36:02

No public comment given.

Next meeting will be Thursday, December 8, 2022, 9 a.m. to noon. Due to the timing with OE, it may be challenging for agents and community partners to attend. Until further notice all meetings will remain a hybrid of virtual and in-person.

December agenda items so far include PHE migration, Community Partner Work Group, and BHP updates. A call for agenda items will be sent out in advance of the meeting. Feel free to email Chiqui with topics anytime.

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\*These minutes include timestamps from the meeting audio in an hour: minutes: seconds format. Meeting materials and audio are found on the Oregon Health Insurance Marketplace Advisory Committee [website](#) under 2022 Meetings, October 21.

## Health Insurance Marketplace Advisory Committee Meeting

December 2022





**Kraig Anderson**  
Acting Committee Chair



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## Welcome

Kraig Anderson  
Committee Chair



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### Meeting protocols and requests

- The Marketplace and the HIMAC is committed to safe and inclusive meetings for all attendees.
- We have differences in opinions and different experiences. There are no bad questions or silly ideas. We will seek the perspectives of all by inviting each person to speak.
- If you are subject of unacceptable behavior or have witnessed any such behavior during this meeting, please connect with:  

Chiqui Flowers, Marketplace Director – 503-884-6017  
[chiqui.i.flowers@dhsosha.state.or.us](mailto:chiqui.i.flowers@dhsosha.state.or.us)

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### Meeting protocols and requests

- Please be on camera, as much and as often as you are comfortable, and mute your speaker.
- If you have a question or would like to comment, please raise your virtual hand or put it in the chat.
- This virtual meeting has the closed captioning feature available by clicking on "More" and selecting "Turn on live captions".
- For transcribing and accessibility purposes, please make sure to state your name before posing your question or comment during a presentation.

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### Approval of minutes October 2022 meeting minutes

**Kraig Anderson**  
Committee Chair



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### Federal Health Policy Updates

**Gina Sherick**  
McGuireWoods Consulting



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# Oregon Health Authority's 2023 Legislative Concepts

OHA Government Relations



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## OHA Legislative Update

Presented to  
Health Insurance Marketplace Advisory Committee  
December 8, 2022



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## OHA's Government Relations Team

Interim Director	Jeff Scroggin	541-999-6983 <a href="mailto:jeffrey.scroggin@dhsoha.state.or.us">jeffrey.scroggin@dhsoha.state.or.us</a>
Interim Director (as of Dec 16)	Ashley Thirstup	503-720-2557 <a href="mailto:ashley.thirstup@dhsoha.state.or.us">ashley.thirstup@dhsoha.state.or.us</a>
Behavioral Health and COVID-19	Coline Benson	971-393-3860 <a href="mailto:coline.m.benson@dhsoha.state.or.us">coline.m.benson@dhsoha.state.or.us</a>
Public Health, Equity & Inclusion, and Tribes	Cynthia Branger Muñoz	971-372-0768 <a href="mailto:cynthia.branger-munoz@dhsoha.state.or.us">cynthia.branger-munoz@dhsoha.state.or.us</a>
Government Relations Communications and Budget	Matthew Green	503-983-8257 <a href="mailto:matthew.green@dhsoha.state.or.us">matthew.green@dhsoha.state.or.us</a>
Executive Support and Project Management	Marybeth Mealue	503-490-8100 <a href="mailto:marybeth.mealue@dhsoha.state.or.us">marybeth.mealue@dhsoha.state.or.us</a>
Health Policy & Analytics and Medicaid	Philip Schmidt	503-383-6079 <a href="mailto:philip.schmidt@dhsoha.state.or.us">philip.schmidt@dhsoha.state.or.us</a>
Behavioral Health	Kaz Zaidi	TBD



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### Role of the Government Relations Team

- Focus on legislative bills and budget matters which may impact the health of people in Oregon and the work of OHA
- Year-round
  - Before session: supporting the development of legislative ideas
  - During session: talking about bills with legislators, community, and partners
  - After session: supporting the implementation of ideas approved by the legislature
- Translating, coordinating, facilitating, and leading
- Goals
  - Help eliminate health inequities in Oregon by 2030
  - Advance the Triple Aim



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### OHA 2023 Legislative Themes

- Building health equity infrastructure and implementing health equity
- Building a post pandemic public health system
- State hospital operations
- Medicaid and behavioral health system accountability
- Implementation of 1115 Waiver and health policy improvements
- Housekeeping and mandated bills



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### Proposed Major Health Equity Legislation

- LC 440, Confidentiality in Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Data Collection
  - Clarify that REALD and SOGI data is confidential
- LC 450, Advisory Committee Membership
  - Reduce barriers to participation and increase diverse representation on advisory committees



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### Proposed Major Public Health Legislation

- LC 434, Pharmacist Flu Vaccination for All
  - Allow trained pharmacists to give flu vaccines to patients over 6 months of age
- LC 455, Flavored Tobacco and Synthetic Nicotine
  - Ban flavored tobacco, and include synthetic nicotine products in tobacco regulations
- LC 438, Dental Pilot Project Program
  - Make the program permanent
- LC 435, Death with Dignity Fix
  - Remove the residency requirement



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### Proposed Major HPA and HSD (Medicaid) Legislation

- LC 471, State Based Marketplace (Marketplace)
  - Create a state-based health insurance exchange platform
- LC 475, Medicaid Waiver Implementation
  - Placeholder for results of negotiations with Centers for Medicare and Medicaid Services
- LC 481, Redeterminations
  - Placeholder for issues related to HB 4035



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### Proposed Major Behavioral Health Legislation

- LC 502, Payer Parity in Behavioral Health Crisis Services
  - Mandate that all payers/insurers cover the cost of behavioral health crisis services
- LC 520, Aid and Assist
  - Enable OHA to make determinations on the level of treatment and support needed, to avoid unnecessary use of OSH beds by implementing recommendations from the federal Court's neutral expert related to the Mink Order



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### All OHA Legislative Concepts

- LC 421, Removal of Term Mental Health
- LC 424, Forensic Evaluators
- LC 428, Public Health Housekeeping
- LC 432, Oregon State Police Social Security Classification
- LC 434, Pharmacist Flu Vaccination for All
- LC 435, Death with Dignity Fix
- LC 438, Dental Pilot Project Program
- LC 440, Confidentiality in REALD & SOGI Data
- LC 444, Newborn Bloodspot Screening Updates
- LC 450, Removing Barriers to Committee Membership
- LC 455, Flavored Tobacco and Synthetic Nicotine
- LC 456, Relating to Health Care Finance
- LC 468, Expand Access to Behavioral Health Patient Data
- LC 471, State Health Insurance Platform
- LC 475, Medicaid Waiver Implementation
- LC 481, Basic Health Program, Redeterminations
- LC 490, Opioid Overdose Reversal Medication Distribution
- LC 496, 100% Federal Medical Assistance Percentage (FMAP) Tribal Savings and Reinvestment Program
- LC 497, System of Care Advisory Council Placeholder
- LC 498, Peer Support Committee Placeholder
- LC 499, Fee-for-Service Transformation
- LC 502, Payer Parity in Behavioral Health Crisis Services
- LC 520, Aid and Assist



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### Major Health Equity Budget Requests (General Funds Only)

- POP 401, Eliminating Health Inequities: \$20.5M
  - Funds advanced efforts to address health equity in all agency divisions and operations
- POP 403, Race, Ethnicity, Language, and Disability (REALD) & Sexual Orientation and Gender Identity (SOGI) Implementation: \$16.8M
  - Funds implementation of REALD and SOGI data collection requirements in HB 4212 and HB 3159
- POP 410, Regional Health Equity Coalition Program Expansion: \$2.1M
  - Funds second phase of expansion of Regional Health Equity Coalitions toward statewide representation



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### Major Public Health Budget Requests (General Funds Only)

- POP 406, Public Health Modernization: \$286M
  - Supports continued implementation of key public health priorities
- POP 409, Healthier Together Oregon: \$15M
  - Supports implementation of Healthier Together Oregon (HTO), the State Health Improvement Plan
- POP 428, Personal Protective Equipment and Medical Supply Management: \$2.6M
  - Funds a robust and operational stockpile and inventory management system for PPE and medical supplies to respond to pandemics, wildfires and other disasters
- POP 432, Domestic Well Safety Program: \$2.3M
  - Funds outreach for domestic well screening, testing and water treatment device installation and maintenance



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### Major HPA and HSD (Medicaid) Budget Requests (General Funds Only)

- POP 201, Medicaid Waiver: \$TBD
  - Funding to support the next five years of Oregon's Medicaid transformation journey, which focuses OHP on achieving health equity
  - Leverages over one billion in federal funds
- POP 202, Redeterminations & Basic Health Program: \$TBD
  - Finishes the work begun in HB 4035, including community outreach and engagement efforts for redeterminations and improved access to health care in Oregon through full implementation of the Basic Health Plan



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### Major Behavioral Health Budget Requests (General Funds Only)

- POP 404, Behavioral Health Crisis System, 988 Expansion: \$269M
  - Ensures sustainable funding and capacity for the crisis system and to meet federal standards statewide
- POP 411, Oregon State Hospital Sustainable Staffing: \$50M
  - Fully funds the OSH sustainable staffing plan developed with partners per HB 5024 (2021)



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### All OHA Budget Requests, Part 1 (General Funds Only)

- POP 201, Medicaid Waiver: \$TBD
- POP 202, Redeterminations & Basic Health Program: \$TBD
- POP 203, Mainframe Migration / Provider & Client Payments: \$6,749,495
- POP 401, Eliminating Health Inequities: \$20,469,154
- POP 402, OSH Specialized Treatment Services & Supports Program: \$9,076,367
- POP 403, REALD & SOGI Implementation: Getting to Data Justice: \$16,846,041
- POP 404, 988 & Behavioral Health Crisis System: 988 Call Center and Crisis Stabilization Centers: \$269,839,588
- POP 405, Public Health Modernization: \$285,999,330
- POP 409, Healthier Together Oregon: \$15,000,000
- POP 410, Regional Health Equity Coalition Program Expansion: \$2,098,305
- POP 411, OSH Sustainable Staffing: \$50,368,167
- POP 412, Fixing IT Security Risks & Vulnerabilities: \$3,968,627
- POP 413, Complex Case Management Unit: \$8,404,371
- POP 414, Early and Periodic Screening, Diagnostic, and Treatment (EPSDT): \$1,054,648
- POP 415, Adult Intensive Services & Diversion: \$4,506,539
- POP 416, Marketplace Transition from SBM-FP to SBM: \$-
- POP 417, Environmental Justice Mapping: \$191,854
- POP 418, Integrated Care Modeling - Project Nurture Expansion: \$10,385,839
- POP 419, MMSI Infrastructure Replacement: \$1,387,180
- POP 420, Pandemic Response Information System: \$18,800,044
- POP 421, Fee For Service Transformation: \$2,996,295
- POP 422, Regional Resource Hospitals for Disaster Response: \$3,095,068
- POP 423, 100% FMAP Tribal Savings and Reinvestment Program: \$118,602
- POP 424, Oral Health Workforce Dental Pilot Project Program: \$25,000
- POP 425, Universally offered Home Visiting: \$5,924,191
- POP 426, Child and Family Behavioral Health Continuum of Care: \$11,563,382



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## All OHA Budget Requests, Part 2 (General Funds Only)

- POP 427, Medicaid Enterprise System Modularity: \$496,549
- POP 428, PPE & Medical Supply Management: \$2,563,052
- POP 429, 988 & Behavioral Health Crisis System: Payer Party for Behavioral Health Crisis Services: \$191,854
- POP 430, Support for the Health Care Market Oversight Program: \$1,240,534
- POP 431, Staffing for the System of Care Advisory Council (SOCAC): \$452,895
- POP 432, Domestic Well Safety Program: \$2,252,557
- POP 433, MMS Staffing Capacity for Compliance Changes: \$194,336
- POP 434, Marketplace Outreach & Operations: \$-
- POP 435, PEBB OEBB Benefits Management System Replacement: \$-
- POP 436, Alcohol and Drug Policy Commission - Oregon's Strategic Plan Implementation: \$453,897
- POP 437, Newborn Bloodspot Screening Program Fee Ratification: \$-
- POP 438, Affordable Care Act (ACA) Employer Reporting: \$-
- POP 439, OSHA Asset & Equipment Replacement: \$2,861,000
- POP 440, Oregon Environmental Laboratory Accreditation Program: \$-
- POP 441, Licensing of Temporary Staffing Agencies: \$394,482
- POP 442, Children's Health Team: \$1,502,946
- POP 443, Data Governance: \$1,314,048
- POP 444, Regional Infection Prevention and Control: \$1,301,141
- POP 445, Electronic Health Record Replacement Planning: \$1,937,582
- POP 446, Youth and Adult Suicide Intervention & Prevention Plans: \$22,115,940
- POP 447, Life Span Respite: \$3,894,051
- POP 448, Behavioral Health Metrics Incentive Fund: \$15,000,000
- POP 449, Oregon Palliative Care Services: Nation's First Regulatory Framework for Palliative: \$6,587,395
- POP 450, Deferred Maintenance: \$11,596,000
- POP 451, Family Care Settlement: \$6,500,000



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## OHA Government Relations Webpage

- <https://www.oregon.gov/oha/ERD/Pages/Government-Relations.aspx>
  - Text of legislative concepts
  - Descriptions of policy option packages
  - Contact information for Government Relations team



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Thank you!



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## Medicaid Migration to the Marketplace Project

Marketplace Team

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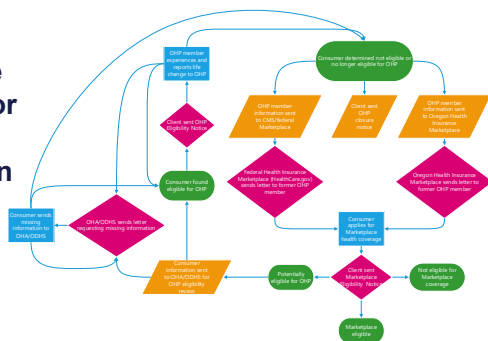
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## Consumer experience applying for health coverage in Oregon



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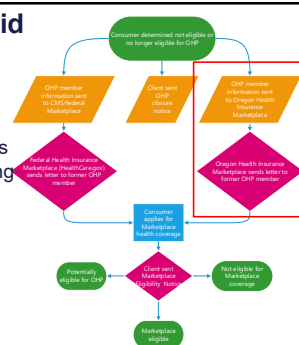
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## Where does the Medicaid migration to the Marketplace project fit in?

- Letters, text messages, and calls to former-OHP members advising of plan options
- Call center dedicated to helping former-OHP member transition
- Coordination with community partners and insurance agents/brokers to help former-OHP member transition



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## Outreach and communications

### Grant proposals

- Over 300,000 Oregonians will have their Medicaid eligibility be redetermined.
- The Medicaid to Marketplace Migration Community Partner and Agent Grant Program will provide funding and support to partners providing outreach and enrollment assistance in Oregon.
  - Grant funds will support an increase of Marketplace outreach into Oregon's diverse, vulnerable, underserved, and under-resourced communities.

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## Outreach and communications

### Grant proposals

- Many Oregonians moving from a Medicaid to a Marketplace plan may not know how to utilize their plan or navigate their health coverage.
  - Medicaid to Marketplace Migration (3M) grant funds will support agents and community-based organizations with staff who are experts in helping people navigate their healthcare and educating enrollees on post-enrollment literacy.

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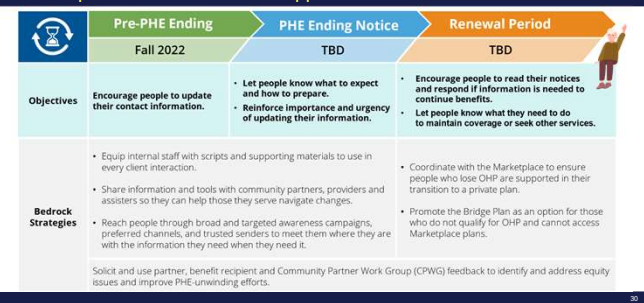
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## Overarching PHE unwinding strategy

### A three-phase communications approach



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Outreach and communications		
Communications pathways: OHIM to the public/former-OHP members		
NAME	CADENCE	DESCRIPTION
Email/Newsletter (GovDelivery)	Varies	For anyone who has signed up to receive Marketplace news and correspondence. Includes program updates and notifications.
Email and Postal Mail	Weekly and as needed	Lists received weekly from OHP team of people who have applied for OHP and been denied full benefits or people who recently were found no longer eligible for full OHP benefits (when redeterminations begin). Letters and emails are sent to people on this list who may qualify for Marketplace coverage to advise of potential coverage with financial assistance through the Marketplace.
Website	Updates as needed	OregonHealthCare.gov and CuidadoDeSalud.Oregon.gov Information to improve health coverage literacy for Oregonians. Basic information on types of health coverage (with links to external programs), with more detailed information about Marketplace coverage and financial help, and ability to search for free local help and preview coverage options.
Social Media	Multiple times per week	Platforms include Facebook, Twitter, Instagram, LinkedIn, YouTube and NextDoor. Information includes health literacy, news/updates, and key facts/messages.
Text Message (contingent on opt-in)	Weekly during open enrollment, as needed throughout the year	Current messaging includes alerts/reminders for OE. Future messaging will include PHE unwinding reminders/alerts for 3M project.
Networking Meetings	Frequently throughout each month	Service Integration Team meetings, Local County Advisory Committee meetings, etc... to share information/updates about health coverage options and programs.
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Outreach and communications		
Communications pathways: OHIM to community partners/agents		
NAME	CADENCE	DESCRIPTION
Community Partner Program Grantee Check-ins	Monthly	Discuss program updates and other Marketplace-related news and information with Marketplace community partner (assistant) grantees. Ask for feedback regarding initiatives.
Training	Annually and as needed	Annual Marketplace training is required by all assistants to cover Marketplace basics, eligibility, the application process, and assisting special populations. Ad hoc training is available as needed when new programs, policies, and initiatives are rolled out.
CPO/OHIM CP Collaborative Meeting	Monthly/Bi-Monthly	There are whole-of-state (monthly), regional (monthly), and tribal (bi-monthly). The Marketplace cofacilitates this space to share relevant information with CPs.
Email/Newsletter (GovDelivery)	Monthly, or as updates are available	Communicates project status, options, next steps and deadlines to external partners that engage with and assist enrollees, including insurers, community partners, Oregon Tribes, and assisters.
Monthly Marketplace Updates	Monthly	This channel is used to share news and resources with assistants, insurance agents/brokers and Oregon Tribes.
Specialty Collaborative Meetings	Varies	There are specialty collaboratives for targeted CPs, including justice-involved, Spanish speakers, and ones working with Native American/Alaskan Native. The OHIM team cofacilitates this space to share relevant updates.
OHIM Groupsite	As needed	This is a forum and file storage for the Marketplace assister and insurance agent/broker network, including the Oregon Tribes. This web-based resource is where OHIM shares resources for assistants and insurance agents/brokers. Assistants can also register for trainings from within Groupsite and ask questions of OHIM staff. The OHIM team has it's own Groupsite, separate from the CPOP Groupsite.
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Outreach and communications		
Communications pathways: OHIM to external partners		
NAME	CADENCE	DESCRIPTION
Email/Newsletter (GovDelivery)	Monthly, or as updates are available	Communicates project status, options, next steps and deadlines to external partners that engage with and assist enrollees, including insurers, community partners, Oregon Tribes, and assisters.
HIMAC Meeting	Quarterly, or as updates are available	Committee who advises the Marketplace on its functions, duties, and changes. Members consist of insurance agents/brokers, assistants, representatives from insurers, and other community members. Meetings are open to the public.
Monthly Marketplace Updates	Monthly	This channel is used to share news and resources with assistants, insurance agents/brokers and Oregon Tribes.
Medicaid to Marketplace Migration Monthly Project Brief	Monthly	Monthly communications will be sent to external and internal partners/audiences summarizing the project status, project updates, and outlining any ways interested stakeholders can help with PHE unwinding and 3M project. These communications will ensure interested partners know what is happening, what potential enrollees should look for, and what options, next steps, and deadlines they need to know.
Marketplace Community Conversations	As needed	Facilitated as town hall style meetings to gather feedback and input about initiatives during the planning process.
Website Updates	As needed	The OHIM team posts updates and resources to OregonHealthCare.gov and CuidadoDeSalud.Oregon.gov to equip external partners with information needed to engage with people in Oregon who qualify for affordable private health insurance through the Marketplace.
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## Outreach and communications

Communications pathways: OHIM to insurers

NAME	CADENCE	DESCRIPTION
Industry Communications Meetings	Monthly	Discuss updates relative to insurers. Oregon Division of Financial Regulation hosts these meetings. Marketplace information and news is shared.
HIMAC Meeting	Quarterly or as updates are available	Committee who advises the Marketplace on its functions, duties, and changes. Members consist of insurance agents/brokers, assistants, representatives from insurers, and other community members. Meetings are open to the public.
Marketplace Community Conversations	As needed	Facilitated as town hall style meetings to gather feedback and input about initiatives during the planning process.

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## Public comment

**Kraig Anderson**  
Acting Committee Chair



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## Break



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## Bridge Program and Marketplace Mitigation updates

Tim Sweeney  
Katie Button  
Lindsey Hopper



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## Bridge Health Care Program update

Oregon Health Insurance Marketplace Advisory Committee  
December 8, 2022

Tim Sweeney, Office of Health Policy, Senior Policy Analyst



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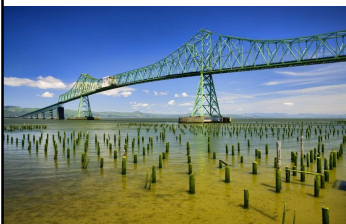
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## Agenda



- Bridge Program Task Force and vision
- Actuarial analysis
- Next steps for program development
- Preliminary final recommendations

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## Bridge Program Task Force and vision

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### Task Force charge

Develop a proposal for a Bridge Program to:

- provide affordable health insurance coverage and
- improve the continuity of coverage

for individuals who regularly enroll and disenroll in the medical assistance program or other health care coverage due to frequent fluctuations in income.

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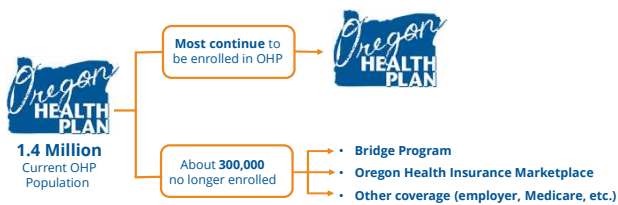
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### OHP members coverage post-PHE redeterminations



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### HB 4035: Bridge Program vision

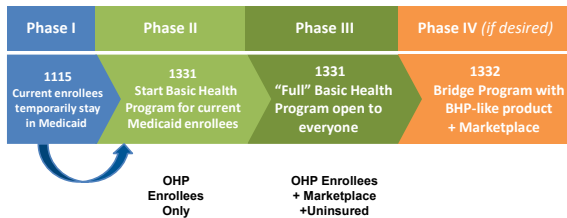
- Adults with income 138-200% FPL **stay in their CCOs**
- Little-to-no costs** for enrollees
- Plan covers **robust set of benefits**
- Capitation rates that enable **higher-than OHP provider payment**
- Choice** between Basic Health Program (BHP) and subsidized Marketplace coverage



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### Oregon's pathway to a Bridge Program for individuals 138-200% of the federal poverty level



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### Actuarial analysis

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BHP cost and revenue analysis

- Analysis suggests BHP vision is feasible (CCO services, no enrollee costs, at least OHP rates).
- Projected revenues generated by the BHP are estimated to narrowly exceed program costs for each of the three BHP populations (Medicaid, ACA Individual market, and the Uninsured), under best estimate assumptions.
- BHP revenue and cost estimates are assumption-driven due to limited understanding of the OHP population resulting from PHE continuous coverage requirements.
- Due to uncertainty, it will be important to continue to monitor revenue/cost projections as the Medicaid population begins to transition during the PHE unwinding.

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Microsimulation modeling (BHP impact on Marketplace)

- Removing BHP population from Marketplace is expected to have a modest overall impact on the remaining Marketplace:
  - Overall enrollment remains relatively constant because the continuation of ARPA subsidies results in a majority of enrollees facing lower net premiums today than before ARPA subsidies were implemented in 2021.
  - Premiums for unsubsidized consumers decrease because of improved morbidity of the risk pool and because of decrease in Silver premiums.
  - Purchasing power for subsidized consumers decreases as Second Lowest Cost Silver (SLCS) Premium decreases 10-12% due to a loss of silver loading. Few enrollees leave the market because of this, but some move from Gold to Silver since Gold has become more expensive relative to Silver.
- Case studies show that impacts vary significantly by age and income, and not as much by rating region.
- Higher morbidity in BHP population and decreased premiums in Marketplace impact BHP revenue and cost but much depends on rest of the forthcoming BHP analysis, which will incorporate:
  - Morbidity of populations coming from Medicaid and uninsured
  - Cost of Medicaid-like benefits

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Members with incomes Over 200% FPL are Expected to Experience Little Movement Despite the Revised Premium Rates

Plan Type	Bronze Subsidized	Bronze Non-Subsidized	Silver 75% CSR	Silver Non-CSR Subsidized	Silver Non-Subsidized	Gold Subsidized	Gold Non-Subsidized	Other Insurance	Uninsured	Total
Baseline Coverage (200% + FPL Only)	37,000	25,300	11,500	13,800	17,300	21,400	15,900	200	0	142,400
Coverage with BHP in Place (Step 2)	36,800	25,900	14,200	12,800	18,900	15,600	17,300	100	900	
Net Change	(200)	600	2,700	(1,000)	1,600	(5,800)	1,400	(100)	900	

Represents Individual ACA Market Members

- There is little movement in enrollment among the non-subsidized population as the rates available to them decrease 1.5%, relative to the baseline
- The subsidized population experiences reductions in their APTCs, leading to higher net premiums for Bronze and Gold coverage, relative to the baseline, while the premium they pay for Silver coverage is largely unchanged
  - As a result there is some movement from Bronze and Gold, into Silver
  - The decrease in premium rates for the SLCS due to silver loading being reduced also results in some households that previously qualified for APTCs no longer qualifying, as the full premium for Silver coverage is now below the applicable percentage of their income

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### Focused 1332 to mitigate Marketplace impact

- Actuarial analysis shows removing BHP population from Marketplace is expected to have a modest overall impact on the remaining Marketplace
- Task Force requested a meeting series with carriers to advise on mitigation
  - 4 Carrier Table meetings September – November 2022
- Carriers advised that implementing a federally funded, carrier-administered state subsidy by 2025 would be a significant undertaking
- **Instead exploring a 1332 waiver to tie the value of premium tax credits to a gold rather than silver tier benchmark plan in the Marketplace**
  - This would de-couple tax credits from the value of the second lowest cost silver plan and create a new **gold benchmark**, giving subsidized consumers roughly the same (or greater) purchasing power as before the BHP, with some regional variation

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### Next steps to evaluate Gold Benchmark

- Working with Oliver Wyman & Manatt for feasibility analysis
- High level analysis to estimate whether combining Oregon's reinsurance program with move to Gold benchmark is "deficit neutral" for federal govt.
- Initial feasibility analysis cannot be completed before Task Force approves final report
- Initial analysis will inform next steps with CMS, including developing more in-depth analysis needed to submit 1332 waiver



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### Next steps for program development

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### Bridge Program Carrier Table

**Purpose:** Meet with health benefit carriers who offer plans on the individual market to discuss the impact of creating a Bridge Program on the residual individual market and collaboratively develop viable solutions to potential impact.

Date	Focus
9/20	Intro/Background on Bridge Program status
9/30	Deep dive on mitigation strategies and operational considerations
10/14	Bring info on actuarial analysis, check-in on subsidy design
	**Surveyed carriers to understand implementation realities**
11/18	Discuss Gold benchmark strategy

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### Bridge Program CCO Table

**Purpose:** Meet with CCOs to solicit feedback on plan design, identify operational issues anticipated during implementation, and develop solutions to ensure successful launch and ongoing operation of the Bridge Program.

Date	Focus
9/22	Intro/Background and direction on plan design levers
10/13	Beyond plan design (quality pool, VBP, HRS, supplemental payments)
11/17	Cost/revenue analysis and federal regulations
2023	Monthly meeting series begins, beginning with proposed roadmap

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### Pathway to a Blueprint - 2023

Winter	Spring	Summer	Fall
<ul style="list-style-type: none"> <li>OHPB review Task Force report</li> <li>2023 monthly CCO table begins</li> <li>Blueprint public comment</li> </ul>	<ul style="list-style-type: none"> <li>2023 report to Legislature on redeterminations</li> <li>OHPB review Blueprint before submission</li> <li>PHE unwinding expected in April – redeterminations and Phase 1 begin</li> <li>OHA submit Blueprint</li> </ul>	<ul style="list-style-type: none"> <li>Continue redeterminations</li> <li>Continue implementing Phase 1</li> <li>Complete Blueprint negotiations</li> </ul>	<ul style="list-style-type: none"> <li>Continue redeterminations</li> <li>Continue implementing Phase 1</li> <li>Prepare for Phase 2 operations</li> </ul>

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## Pathway to a Blueprint - 2024

### Winter

- Continue redeterminations
- Continue implementing Phase 1

### Spring

- If no federal approval for BHP, Phase 1 population transitions to Marketplace
- Redeterminations ends
- 2024 report to legislature on Bridge Program

### Summer

- Phase 2 begins - transition Phase 1 population to BHP

### Fall

- Marketplace Open Enrollment
- Full BHP with all 3 populations begins 2025

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## Draft recommendations

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## Draft Task Force report recommendations

1. Establish Bridge Program through a Section 1331 BHP
2. Phase implementation (phases 1-3)
3. Continue to explore "optionality" (phase 4)
4. Administered by CCOs
5. Eventual enrollment through exchange
6. Align contracting and implementation processes with OHP
7. Capitation rates that enable higher-than OHP provider payment
8. Adequately reimburse safety net providers
9. CCO service package
10. No enrollee costs
11. Waive 1331 requirement for plan choice

### New recommendations (added 11/29)

12. Incentivize Health Related Services
13. Ongoing consumer engagement/oversight
14. Gold benchmark or other mitigation strategy

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Thank You



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## Marketplace Open Enrollment 2023 Updates

**Cable Hogue**  
Marketplace Implementation  
Analyst & Federal Liaison



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## 2023 Enrollment through week three

- As of 12/7/2022 Oregon had 49,154 active enrollments.
  - Active enrollments are those who are new enrollees and those who were scheduled for automatic re-enrollment, but who actively selected a plan.
- This represents a slight decrease compared to the same week last year (12/4/2021) when we had 52,379 enrollments.

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## 2023 Enrollment through week three

- This year's number also represents one fewer day of open enrollment, when averaged out we are roughly at 97% of last year's pace at the same point in time.

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## Window Shopping Site Visits

- Window Shopping Site
  - As of 12/1/22, there were over 18,000 unique users
  - Each user spent an average of 5 minutes using the tool
  - Plans with most views:
    - The top 5 plans were bronze plans
    - The most popular plan was viewed 657 times, by 412 users
- Affordable Employer Coverage Tool - As of 12/1/22, 600 users have accessed the tool

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## Marketplace community partner grantees

Community Partner Grantee	Underserved population(s) served	Languages assistance provided
Asian Health and Service Center	Asian communities	Chinese, Korean, Vietnamese
Cascade AIDS Project	LGBTQ communities, people in Oregon living with HIV	English and Spanish
Centro Latino Americano	Southern Oregon Latinx and immigrant community	English and Spanish
Interface	Latino communities and Spanish speaking populations	English and Spanish
Immigrant & Refugee Community Organization (IRCO)	Asian communities, Pacific Islander communities, immigrant communities, refugees	English, Amharic, Tigrinya, Somali, Arabic, Cambodian, and Spanish
Mosaic	Rural populations and Latino communities	English and Spanish
Northeast Oregon Network (NEON)	Rural population, Latino communities, and Pacific Islander communities	English and Spanish
Project Access NOW	Spanish and Arabic speaking communities	Spanish and Arabic
Unete	Rural communities, Southern Oregon Spanish speaking communities, Native and Immigrant families	English and Spanish

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Marketplace community partner grantees Modernization grant		
Community Partner Grantee	Underserved population(s) served	Languages assistance provided
The Confederated Tribes of Grande Ronde Community of Oregon	Natives and tribal community members	English
One Community Health	Native American communities and Spanish speaking communities	English and Spanish
Urban League of Portland	Black and African American communities	English
Waterfall Clinic	Rural communities, Latino communities, and Asian communities	English and Spanish

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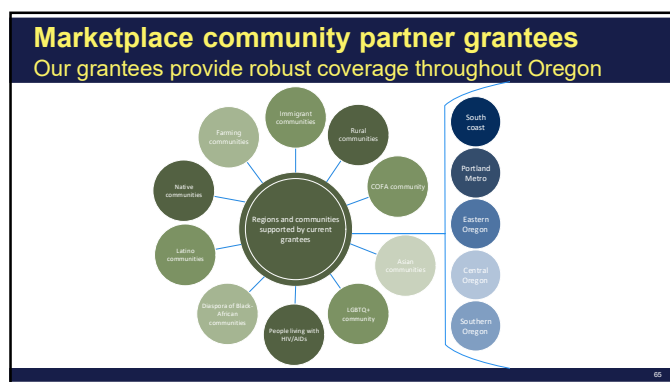
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**Community partner open enrollment updates**

- Everything is going smoothly so far. Enrollment numbers are still down compared to previous years.
- Our grantees are excelling in providing outreach to communities in Oregon regarding the Marketplace and open enrollment

Outreach contacts since September 1, 2022	3,485,243
People reached on social media platforms since September 1, 2022	107,858
Networking meetings attended since September 1, 2022	124
Outreach materials distributed since September 1, 2022	8572

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## DFR's 2023 Legislative Concepts

DFR Policy Team



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## 2023 Legislative Priorities - Health

Jesse Ellis O'Brien, Policy Manager  
Division of Financial  
Regulation



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## LC 435 – Health insurance network adequacy

Strengthening Oregon's laws protecting health care access for commercially insured patients

Major provisions:

- Addressing health equity and access to reproductive health services
- Adopting stricter & more enforceable access standards
- Expanding protections to all health benefit plans subject to state regulation

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## LC 433 – Third Party Administrator (TPA)

### Regulation

TPAs are entities that administer health benefits for an insurer or a self-insured employer

TPAs are licensed and regulated by DFR

Oregon's TPA statutes are old and have ambiguities and loopholes

This LC is intended to clarify and strengthen DFR's ability to protect consumers receiving health benefits administered by a TPA

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## LC 447 – Health Insurance Updates

DFR's biannual health insurance technical fix legislation

Provisions still under development, but will likely include:

- Enabling DFR to contract with more than five Independent Review Organizations (IROs) to conduct external reviews
- Updating state preventive services coverage requirements to codify current federal standards

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## LC 423 – Prescription Drug Pricing

Placeholder for technical changes to strengthen and improve DFR's drug pricing programs including:

- Oregon Prescription Drug Price Transparency Program
- Prescription Drug Affordability Board

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## LC 437 – Balance Billing

A placeholder concept to be put forward in the unlikely event the federal No Surprises Act (NSA) is overturned or drastically altered

The NSA protects patients from "surprise" out-of-network bills for health care

If the federal law is weakened or eliminated, Oregon may need to step in to protect consumers

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## Public comment

**Kraig Anderson**  
Committee Chair



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## Wrap up and closing

**Kraig Anderson**  
Committee Chair



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